



Blenheim Medical Centre

9 Blenheim Crescent, Luton, LU3 1HA, 01582 404012



PATIENT PRESCRIPTION REQUEST SLIP

(Please complete clearly in CAPITAL letters)

Name _____ DoB _____

Telephone _____ Date _____

**Your prescription will be ready for collection
within two working days**

Medication Name	Dose/ Strength	How many taken each day	Quantity requested

If you are 14 or over, have you smoked?

Please tell us how much you smoke now _____

*You can receive help to give up smoking from the Luton Stop Smoking Service on
0800 013 0845*



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