Ballards Walk Surgery Holiday Medication Request Form

If you require additional medication for travel purposes, please complete this form in full and return it to the reception team

We must receive this completed form before we can consider your request.

РΙ	lease	note:

- You must provide exact travel dates.
- In line with NHS prescribing regulations, we are only permitted to issue up to a maximum of 4 weeks' medication for trave
- Requests for more than 4 weeks' supply cannot be authorised.
- We reserve the right to decline requests that do not comply with NHS guidance or surgery policy.

Patient Details Full Name: Date of Birth: Contact Number: Address: Travel Start Date: Travel Return Date:		
Medication Required Please list the medications you require a ho Medication Name	oliday supply for, including nam Dosage	e and dosage: Quantity Requested
Declaration I confirm the above information is accurate a medication for travel. I also understand that		
Signature:	Date:	