## **COLLINGWOOD HEALTH GROUP**

Our Reception Staff will be happy to answer any questions or queries you may have.

Patient Name: .....

## **Dear Patient**

## SYNCHRONISING YOUR REPEAT MEDICINES

We would like to arrange that the renewal of all your medicines happens at the same time – this will have advantages for you, as you will be able to pick up all your medicines together, reducing the number of times you have to order / collect your medication.

To achieve this, we will issue a single synchronising prescription with different quantities of each medication according to the information you provide us. To help us with this synchronization please complete the form below and hand it in <u>at least two weeks</u> before your medication runs out. In the future you should be able to order all your regular items together, except for any medication where dose varies i.e., painkillers, anticoagulants, insulin, Warfarin.

Date of Birth: .....

Date tablets counted:				
Name of medication	How do you take the medication	How many tablets do you have left	PRACTICE USE ONLY	
			1 month / 2 months supply	Supply for synchronisation prescription
(example) Aspirin 75 mg	one daily	7		
Please include <u>all</u> your regular medication on this list, Thank you			DATE ISSUED ALL NEXT DUE	