SCHEDULE 1

Regulation 2

REPEAT DISPENSING FORMS

PART 1

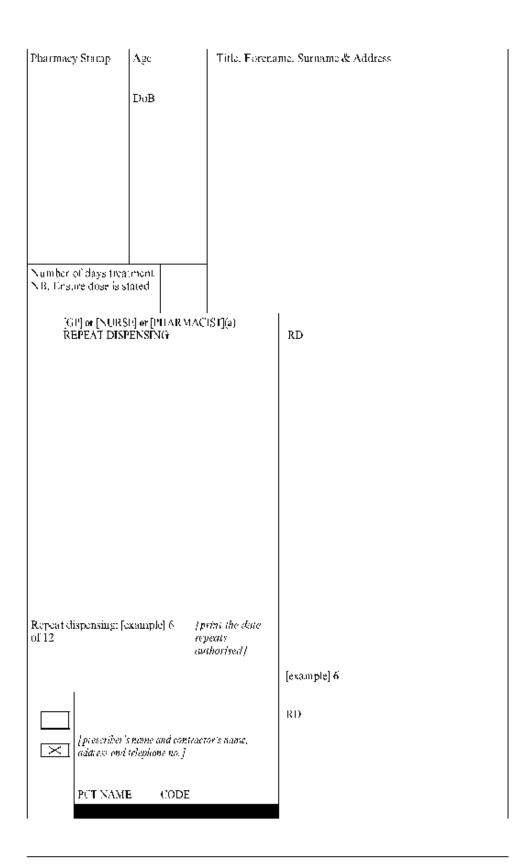
REPEATABLE PRESCRIPTION

Pharmacy Stamp	Age	Title, Forename, Surname & Address
	DoB	
Number of days trea NB. Ensure dose is s	dment dated	
[GP] or [NURSE] or [PHARMACIST](a) REPEAT DISPENSING Authorising no. of issues [example] 12		RA
[TO BE SRINED B PRESCRIBER]	<u>ү</u> (DA	(TE]
iprescriber Selephone ni	's and contractor s new c.f	RA ne, celárcos and
PCT NAM	E CODE	

⁽a) One option to be chosen here to reflect the status of the presenter.

PART 2

BATCH ISSUE



(a) One option to be chosen here to reflect the status of the presenber