

# BELGRAVE CLINIC

Dr. Brendan Clune, Dr Janet Durkin,  
Prof Tom Fahey Dr Conor Ryan

3 Charleston Road, Ranelagh, Dublin 6.

☎ (01) 4975666

📠 (01) 4975660

[www.belgraveclinic.com](http://www.belgraveclinic.com)

## PRESCRIPTION REQUEST FORM

*Please allow 2 working days for your request to be processed*

### PLEASE TICK ONE OF THE FOLLOWING OPTIONS

- I WILL CALL TO COLLECT MY PRESCRIPTION  
 PLEASE POST MY PRESCRIPTION – (PLEASE SUPPLY A STAMPED ADDRESSED ENVELOPE)  
 MY PHARMACY WILL COLLECT MY PRESCRIPTION  
(APPLIES ONLY TO LISTED PHARMACIES)

Name: \_\_\_\_\_

Pharmacy **Bourkes Rathmines**

**Dunville pharmacy**

Address: \_\_\_\_\_

**Doc Morris**

**Leech Pharmacy**

\_\_\_\_\_

**Burkes Ranelagh** :

Phone number \_\_\_\_\_

1. Drug Name: \_\_\_\_\_ One Month  Three Months

2. Drug Name: \_\_\_\_\_ One Month  Three Months

3. Drug Name: \_\_\_\_\_ One Month  Three Months

4. Drug Name: \_\_\_\_\_ One Month  Three Months

5. Drug Name: \_\_\_\_\_ One Month  Three Months

6. Drug Name: \_\_\_\_\_ One Month  Three Months

7. Drug Name: \_\_\_\_\_ One Month  Three Months

8. Drug Name: \_\_\_\_\_ One Month  Three Months

9. Drug Name: \_\_\_\_\_ One Month  Three Months

10. Drug Name: \_\_\_\_\_ One Month  Three Months

**Comment**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_