**Email Prescription Requests**

If you are 16+ you can now request your repeat prescriptions via Email.

If you would like to use this service please return this form to reception and you will be provided with the email address.

For security reasons you will be required to verify your email address when you first use this service.

It may be necessary for us to reply to you via return email, regarding your prescription request/medical record.

By completing this form you agree to the following:

* Receiving email communications from Liscard Group Practice to the below email address
* That the email address you have provided is for your own personal use with no other persons having access to the account.
* That you are responsible for the security of any emails you send/receive.

Name: …………………………………………………………………….

Date of Birth: ……………………………

Email Address: ……………………………………………………………

Signed: ………………………………………………

Date: ……………………

Please note:

A 2 working day turn around applies for all methods of requesting prescriptions.

Only prescription requests will be dealt with. All other queries need to go through reception as usual.

**Please ensure to include your name, date of birth and a contact number on each email request.**

You can also request your prescriptions and view your medical record online. For further information please ask one of the reception team or visit <https://www.patientaccess.com/>