

Synchronising repeat medicines

This form can be used to assist in synchronising regular medication to enable more efficient ordering of repeat prescriptions. It can be provided to patients to complete or used as a template by practices or pharmacies to assist the patient with this.

Patients can be advised to fill out the form below for all of their repeat medications just before they request their next repeat prescription.

Patient name:	
Date of birth:	
NHS number:	
PHARMACY USE ONLY	
Date of request:	
Pharmacy name:	
Pharmacy address:	
Pharmacy ODS code:	

Name of regular medications	Strength	How many do you take a day? (Dosage)	How many do you have left?	PRACTICE / PHARMACY USE ONLY Quantity in one full supply	PRACTICE / PHARMACY USE ONLY Quantity to issue for Sync
EXAMPLE <i>Aspirin dispersible tablets</i>	<i>75mg</i>	<i>1 each morning</i>	<i>12</i>	<i>28</i>	<i>16</i>

Please note: some medications may not always be suitable for synchronisation, e.g. painkillers, insulin, warfarin, creams/ointments, “when required” medications.