

Dr Clive Dunne MICGP, MRCSI, DOWH, DHSM
The Surgery, Clane, Co. Kildare

Prescription Renewal Form

Please complete and return this prescription renewal form to us by email, post or by dropping it into us.

Name: _____ Date of Birth: _____

Address: _____

Email Address: _____ Phone: _____

Medical Card No. (if applicable): _____

Allergies: _____

Medication				
e.g. Panadol	500mg	1 Tab	3 Times Daily	1 Month

Please note that all prescription requests take 72 hours to process with the Doctor.

Dr. Clive Dunne
The Surgery, Clane, Co. Kildare
IMC No. 270906