

Catherine Street Medical Centre
18 Catherine Street, Waterford

Please make requests for Repeat Prescriptions in writing and drop into Box in reception.

Or by email to catherinestreetmedical@gmail.com

Name: _____

Address: _____

DOB: _____

Items requested:

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

Where possible please give one week's notice for repeat prescriptions

Minimum 48 hours notice required.