**HIGH TECH DRUG RENEWAL APPLICATION FORM**

|  |  |
| --- | --- |
| Full Name |  |
| Hospital Number |  |
| Date Of Birth | CONTACT NUMBER: |
| Address |  |
| Diagnosis |  |
| Consultant your care is under | Prof Ronan Mullan  Dr Shawn Chavrimootoo |
| Date of last clinic appointment |  |
| PPS/GMS Number |  |
| Pharmacy Name and address |  |
| High Tech Drug/s Required | 1  2 |
| Known Drug Allergies |  |
| Any side effects on present High Tech Medication  Any new diagnosis since **last** Prescription | NO  YES  If yes please elaborate : |
| **Bloods to be obtained within past three Months**  This section **must** be completed or a prescription cannot be issued  ***Prescription will be sent via E-script to your pharmacy via High Tech Hub*** | Date obtained:  Please circle where bloods obtained :  GP Navan Cavan Drogheda Monaghan Louth  I**f GP please send a copy of blood results with this renewal form** |
| This form **must be returned by post** to : | The Rheumatology Registrar  Our Lady’s Hospital  Navan  County Meath |