

EZ Fill Form

SingHealth

This is **NOT** a prescription. Do bring along the **original prescription** to collect your medication/s.

Name: _____

Date of Ordering: _____

NRIC No.:

Date of Self-Collection:

Do note the following:

- 1. The order quantity has to be equal or lesser than the balance left on the prescription
- 2. Prescriptions are only valid for 1 year from the date of prescribing (1 month for controlled drugs)
- 3. Do call the KKH appointment hotline at 62944050 if you require a refill for your expired/completed prescription

Example:

No.	Drug Name, Strength, Dosage form	Quantity available at home	Order Quantity [^]	Expiry Date/s [#] (mm/yy)
1	Cetirizine 5mg/5ml syrup	2 bottles	1 bottle	03/19

Your order:

No.	Drug Name, Strength, Dosage form	Quantity available at home	Order Quantity [^]	Expiry Date/s [#] (mm/yy)

[^] Please note that supply is subjected to expiry and stock limitations.

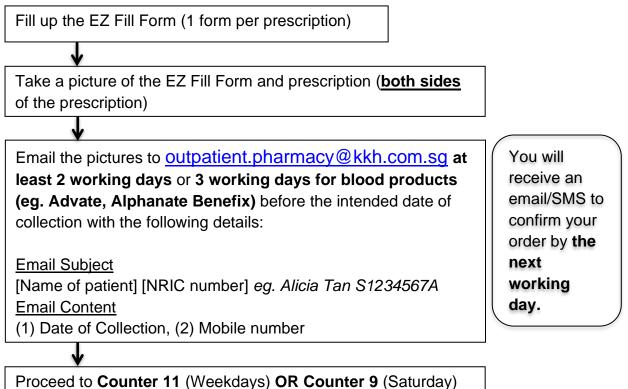
Indicate all expiry dates if there are more than one.

Examples of: Strength of tablets: 10mg Strength of syrup: 4mg/5mL Dosage forms: Tablet, Syrup, Pessary, Suppository, Nasal Spray Dear caregiver/patient,

The **EZ Fill Form** is to help you keep track of your medication/s supply at home. By filling up this form and bringing it on your preferred collection date, you can collect your pre-ordered medication/s directly at counter 11 [#]

[#] For any add-ons or changes to the pre-order, there may be additional wait time

What you need to do with this EZ Fill Form



with your EZ Fill Form and original prescription to pick up

Please refer to the table below for the earliest collection day:

Day of Submission	Earliest Day of Collection		
Monday	Wednesday		
Tuesday	Thursday		
Wednesday	Friday		
Thursday	Saturday		
Friday/Saturday/Sunday	Tuesday of the following week		

Collection Hours

Weekdays: 11am – 6.30pm Saturday: 10.30am – 1.00pm Sunday & Public Holidays: Closed KKH Outpatient Pharmacy

+65 6394 1500

* Collection for <u>extemporaneous preparations</u> will be after 12pm