


Repeat Medication Request - Message (F)

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Calibri (Body) 11 A⁺ A⁻ B I U ab A

Address Book Check Names Attach File Attach Item Signature Include

 **HighfieldHealth (NHS SOUTHAMPTON CCG)** X : Automatic reply: Thank you for emailing Highfield Health Surgery. If you are emailing

Send

To... [HighfieldHealth \(NHS SOUTHAMPTON CCG\) <SOCCG.HighfieldHealth@nhs.net>](mailto:SOCCG.HighfieldHealth@nhs.net)

Cc...

Subject: Repeat Medication Request

Dear Highfield Health,

Your Name: Brad Pitt

DOB: 20/12/1962

Your Address:

- 31 University Road
- Highfield
- Southampton
- SO17 1TL

Repeat Medication Required:

- Sertraline 50mg
- Apixaban 5mg

Kind regards,

Brad Pitt