

# Cheddar Medical Centre

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<b>Name</b>	
<b>Date of Birth</b>	
<b>Address</b>	

<b>Phone Number?</b>	
<b>Which pharmacy should we send your prescription to?</b>	

<b>Items Requested:</b>  1. .... 2. .... 3. .... 4. .... 5. .... 6. .... 7. .... 8. .... 9. .... 10. .... 11. .... 12. ....
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