

Repeat Prescription Request Form

Patient Name:

Patient Address:

Date of birth:

Dear Dr

I have recently upgraded my blood glucose testing system and I am now using GlucoZen.auto AGM 4000 Blood Glucose Monitoring System. I require a prescription for the following items.

☐ GlucoZen.Auto Test Strips (50)

☐ GlucoZen Lancets (200)

GlucoZen™

METER FOR LIFE

GlucoZen™

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GlucoZen range is a new high quality, cost effective blood glucose monitoring system.

For further information or samples* visit www.glucozen.com, email us at info@glucozen.com or telephone us on **Freephone 0800 773 4865**

* Samples available for Registered NHS Healthcare Professionals