## Order your Medication Balance Wherever. Whenever.





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Authenticate via Singpass to ensure transactions are secure.

9:	41	- † In.
<	Medication Refill	
<b>o</b> rticular	rs Prescription Quantity Collection	Payment
Medication Prescription Form		
	cribing Institution <b>xandra Hospital</b>	1
	e of Original Prescription /01/2021	÷
(i) For your clinical safety, prescriptions are only valid for a year after their date of issue. Medication refills can only be made with valid prescriptions.		
	ails of Prescription e upload front and back images of eac	ch page
If the	ur Partial Memo or Medication List. (j photos of your Partial Memo or Med xceed 6 pages, please submit another	ication
Pres	scription Sheet 1	



Request for a **medication refill** or a new **prescription** 

2



## **Medication Refill**

If you have a balance prescription that is valid (*i.e. have not collected all the medication that was prescribed previously*)

## **New Prescription**

If your prescription has expired, or you have insufficient medication to last till your next appointment



- Healthcare Made Simple -





Fill in details of your balance prescription Indicate your medication order quantity

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Correct as at 30 Apr 2021 Version 2.0.2