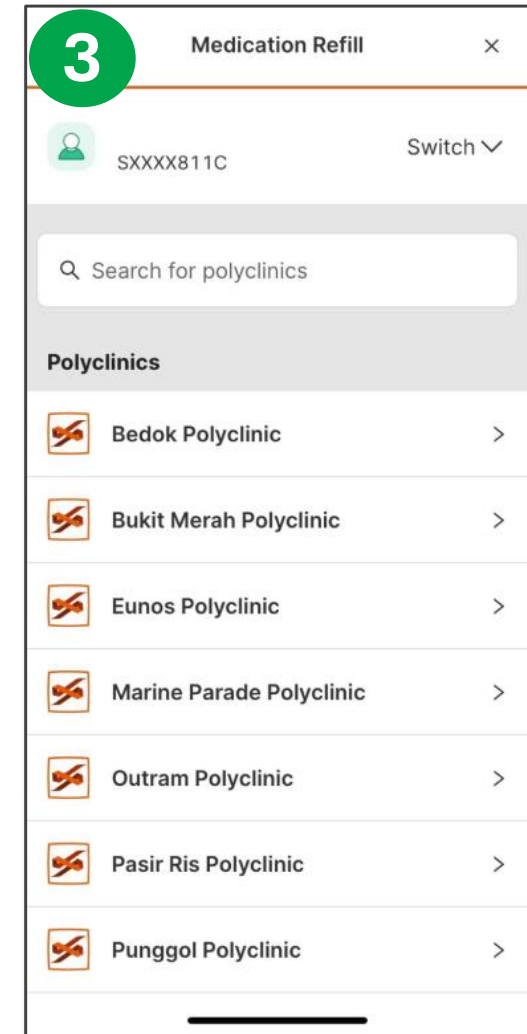
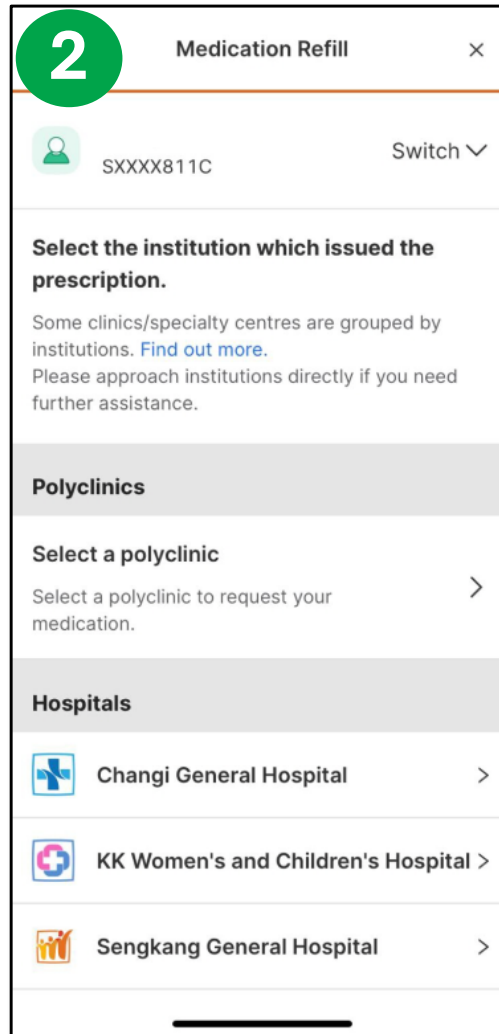
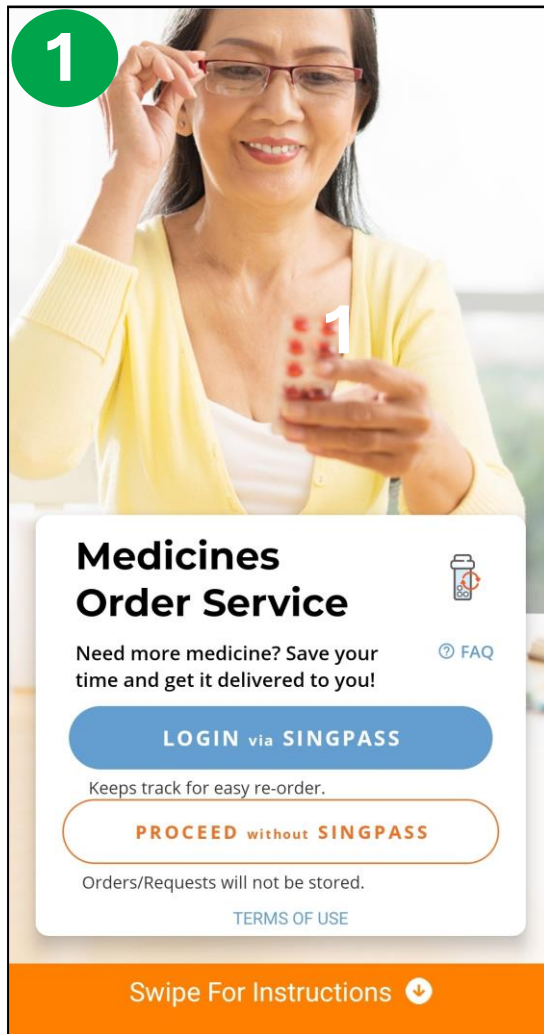


STEPS TO ORDERING MEDICATION DELIVERY ONLINE (HealthBuddy)



4

Medication Refill

×


1

2

3

4


QuantityParticularsCollectionPayment



SXXXX811C


Original Issuing Institution:
Marine Parade Polyclinic

Prescription ID:
17MAY2025-SHP-MP36971464

 **Note**

Click [here to repeat your prescription](#) if it has expired or you have insufficient medication to last you till the next appointment.

Medication List



Select All Medication

1 medication
selected

Select refill option

5

Medication Refill

×

Please indicate your refill option. ⓘ

Select your refill option and tap on 'Next' to proceed. Do note that information you have entered will not be saved if you choose to go back to the previous step.

☒ All remaining balance

☐ Specific duration ⓘ

☐ Customise quantity / duration

Your selected medication:
Please review your requested refill quantity.


ADAPALENE 0.1% GEL 30G (DIFFERIN)
[View Instructions](#)
Balance: 1 TUBE

Next

6

Medication Refill

×




2

3

4

QuantityParticularsCollectionPayment



SXXXX811C

Patient's Details

*Full Name (as per NRIC/FIN)

*NRIC/FIN
SXXXX811C

Contact Details
We may contact you to verify your request. Please ensure the number provided is correct.

*Contact Number (+65)
+65

*Email Address
@GMAIL.COM

7

Medication Refill

×

✓

✓

3

4

QuantityParticularsCollectionPayment

SXXXX811C

How would you like to receive your order?

☐ Collect from Locker

☒ Deliver to me

🔔

Note

Please refer to this [website](#) for important notes regarding your collection information.

Delivery Date and Time

*Preferred Delivery Date

DD MMM YYYY

📅

Required

*Preferred Delivery Time

⌵

8

Medication Refill

×

✓

✓

✓

4

QuantityParticularsCollectionPayment

SXXXX811C

Select your preferred payment mode.

Payment will be processed by the issuing institution after your order is fulfilled.

☒ Self-pay in full

☐ MediSave/ MediShield Life

☐ Civil Service Card (CSC)

☐ Medifund/ MFEC/ PA/ SMTA (ComCare)

☐ Staff Benefits

Next

Cancel

9

Medication Refill

×

SXXXX811C

Request Summary

Original Issuing Institution:
Marine Parade Polyclinic

Prescription ID:
17MAY2025-SHP-MP36971464

Patient's Details

Edit

Full Name (as per NRIC/FIN):

NRIC/FIN:
SXXXX811C

Contact Number (+65):

Email Address:
@GMAIL.COM

Medication Details

Edit

All remaining balance

1. ADAPALENE 0.1% GEL
30G (DIFFERIN)

1 TUBE

9

Medication Refill

×

Street:

SERANGOON AVENUE 3

Preferred Payment Mode

Edit

• Self-pay in full

Special request (if any):

Your requests are not guaranteed and are subject to further review.

200 / 200 characters left

Submit request

Cancel

Privacy Policy | Terms of Use

Powered by

HealthHub

(Lower portion of Request Summary)