

STEPS TO ORDERING MEDICATION DELIVERY ONLINE (HealthHub)

1 HealthHub

Quick Links

- Appointments
- Lab reports
- Payments
- Medication refill**
- Health screening
- CHAS

Health Profiles View All >

SXXXX811C
SXXXX811C

2 MEDICATION REFILL

SXXXX811C
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SXXXX811C

Update My Profile details >

Please select the institution group where your prescription is provided.

SingHealth Services

Available SingHealth Institutions

- Singapore General Hospital
- KK Womens and Children's Hospital
- National Cancer Centre Singapore
- National Heart Centre Singapore
- Singapore National Eye Centre

3 MEDICATION REFILL

Select an Institution

Hospitals

- Singapore General Hospital >
- Changi General Hospital >
- Sengkang General Hospital >
- KK Women's and Children's Hospital >

Speciality Centres

- National Cancer Centre Singapore >
- National Heart Centre Singapore >

Restricted, Non-Sensitive

4 MEDICATION REFILL

Submit Order Request

View Past Requests

BACK

5 MEDICATION REFILL

PARTICULARS PRESCRIPTION QUANTITY PAYMENT COLLECTION

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I am the patient YES No

Patient's Details

Full Name (as per NRIC / FIN) *

NRIC (S/F/T/G/M) or X/Y ID *
SXXXX811C

Contact Details

6 MEDICATION REFILL

PARTICULARS PRESCRIPTION QUANTITY PAYMENT COLLECTION

S SXXXX811C
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Prescription Issued By:

Institution
Marine Parade Polyclinic

Retrieve prescription records

For your clinical safety, prescriptions are only valid for a year after their date of issue. Medication orders can only be made with available electronic prescriptions in our records.

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7 MEDICATION REFILL

PARTICULARS PRESCRIPTION QUANTITY PAYMENT COLLECTION

Quantity

Original Issuing Institution
Marine Parade Polyclinic

Select Prescription ID

09DEC2022-SHP-MP

27FEB2023-SHP-MP

12JUN2023-SHP-MP

10MAR2023-SHP-MP

07FEB2023-SHP-MP

8 MEDICATION REFILL

PARTICULARS PRESCRIPTION QUANTITY PAYMENT COLLECTION

Out of medicine before your next consult visit, please [click here](#) to request for medication top-up.

Order Amount

Option will not be available if one or more items do not fulfil request conditions for that option. If encountered, please change request quantity/duration or select

All my balance medication

All my medication for a selected duration

Selected medicines only

Medication List

Medication

9 MEDICATION REFILL

PARTICULARS PRESCRIPTION QUANTITY PAYMENT COLLECTION

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SXXXX811C

Please indicate your main payment mode/scheme:

GIRO

Credit Card

Medisave (subject to entitlement)

MediFund / ComCare/ Public Assistance

Civil Service Card (CSC) / Medical Benefit Card

Others

Please indicate specific instructions for payment, if any, under SPECIAL REQUEST in

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10 MEDICATION REFILL

PARTICULARS PRESCRIPTION QUANTITY PAYMENT COLLECTION


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SXXXX811C

How would you like to receive your order?

Collect from Locker


Deliver to me

Delivery charges ⓘ


Preferred Collection/Delivery Date*
05/10/2023 


Preferred Collection/Delivery Time*
_____ ▾


Confirmed delivery details will be sent to your email, with your order confirmation.

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Order submitted.
We will review your request.

 An acknowledgement email will be sent to you within a day. Please look for it.

 [View Past Requests](#) to track your request status.

 Please ensure someone is present at the specified location to collect the medications on your selected date/time.

OK

SUBMIT NEW ORDER

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