

## Pharmacy Information

All prescriptions are sent to your pharmacy electronically. Please check with your pharmacy for the status of your prescriptions.

Patient Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

### Local Pharmacy Information

Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Phone # \_\_\_\_\_

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### Mail Order Pharmacy Information

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Entered \_\_\_\_\_