PHARMACY INFORMATION

		DATE OF BIRTH:	/	/		//
LAST NAME,	FIRST NAME		MM	DD	YYYY	TODAY'S DATE

PRESCRIPTIONS ARE ELECTRONICALLY PRESCRIBES, ALSO CALLED "E-PRESCRIBING." THAT MEANS WE WILL SEND YOUR PRESCRIPTIONS TO YOUR PHARMACY VIA COMPUTER OR HANDHELD DEVICE.

TELL US WHERE YOU'D LIKE YOUR E-PRESCRIPTION SENT:

NAME OF LOCAL PHARMACY

PHARMACY NAME	STREET ADDRESS OR CROSS STREETS	ZIP CODE
PHARMACY TELEPHONE #	CITY	STORE #

NAME OF MAIL ORDER PHARAMCY

PHARMACY NAME	STREET ADDRESS OR CROSS STREETS	ZIP CODE
PHARMACY TELEPHONE #	CITY	STORE #