



Please let me know the following information regarding your choice of Pharmacy:

Primary Pharmacy:

Name: _____

Address: _____

Pharmacy Hours (this info can be helpful): _____

Phone Number: _____

Fax Number: _____

Second Choice Pharmacy: (ie. 24 hr Pharmacy)

Name: _____

Address: _____

Pharmacy Hours: _____

Phone Number: _____

Fax Number: _____