

We are required by law to submit all prescriptions electronically to your pharmacy. We will need to following information provided by you to do so.

PATIENT

NAME: \_\_\_\_\_

WEIGHT: \_\_\_\_\_ HEIGHT: \_\_\_\_\_

PHARMACY NAME: \_\_\_\_\_

ADDRESS STREET

ADDRESS: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_

PHARMACY TELPHONE NO.: \_\_\_\_\_

NOT THE STORE NUMBER