

## Pharmacy Information Sheet

We can send your prescriptions directly to your pharmacy so there is less waiting time for you. If you know your pharmacy, please complete the below form. Please be aware that the easiest way for us to find your pharmacy is to know the zip code.

Your Name:		Date of Birth:	
Address:			
Pharmacy Name:			
Address:			
City:		State:	Zip:
Pharmacy Phone #:		Pharmacy Fax #:	

Please list your e-mail address: \_\_\_\_\_

\_\_\_\_\_

Please list your cell # \_\_\_\_\_

Home # \_\_\_\_\_

Work # \_\_\_\_\_