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PHARMACY INFORMATION

TO ALL PATIENTS:

IT IS OUR GOAL TO PROVIDE THE BEST CARE AND EXCELLCENT SREVICE FOR ALL OUR PATIENTS, TO DO THIS WE NEED ALL PHARMACY INFORMATION. PLEASE LIST YOUR LOCAL PHARMACY AS WELL AS YOUR SPECIALTY PHARMACY.

LOCAL PHARMACY NAME: _____ # _____

SPECIALITY PHARMACY NAME: _____ # _____

THANK YOU FOR YOUR COOPERATION,