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PREFERRED CONTACT INFORMATION

Please only list where you would like us to contact you.

Best Phone Number: _____ Cell Home Other

Alternative Phone Number: _____ Cell Home Other

Email Address: _____

Mailing Address: _____

Do we have your permission to leave a detailed message at the above listed numbers, including results of labs, pap smears, and other studies? Yes No

ELECTRONIC PRESCRIPTIONS

Pharmacy Name: _____

Pharmacy Address: _____

Pharmacy City, State and Zip: _____

Pharmacy Telephone Number: _____

Patient Name: _____ **Date:** _____

Patient Signature: _____