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REQUEST FOR PHARMACY INFORMATION

2014

Due to the implementation of EHR (electronic health records) required by the Department of Health and Human Services and the Centers for Medicare and Medicaid Services we are required to electronically transmit any and all patient prescriptions with pharmacy capabilities. As such, we kindly ask that you provide your pharmacy information to us.

Pharmacy Name _____ Phone Number _____

or Address / Crossroads _____

At this time, I do not have or I do not wish to provide my pharmacy information.

Without this information there is a possibility that Dr. Ivonne Reynolds DO, LLC, may be unable to provide you with a prescription at the end of your visit.

We thank you for your assistance,

Dr. Ivonne Reynolds & Dr. Jessica White

X Patient Signature _____ Date: _____