

*****IN CASE OF AN EMERGENCY WHOM SHOULD WE NOTIFY?

PHONE _____ 2ND PHONE # _____

MAY WE DISCUSS YOUR MEDICAL INFORMATION WITH ANY MEMBER OF YOUR FAMILY?

____ NO ____ YES

IF YES, PLEASE LIST NAME(S) OF PERSON(S) YOU AUTHORIZE TO RECEIVE INFORMATION REGARDING YOUR CONDITION:

ON OCCASION, WE MAY NEED TO CALL YOUR HOME TO LEAVE INFORMATION REGARDING RESULTS OF ANY TREATMENTS OR TESTS PERFORMED. IF YOU HAVE AN ANSWERING MACHINE AT HOME, MAY WE LEAVE ANY INFORMATION ON YOUR ANSWERING MACHINE?

____ YES ____ NO

PHARMACY NAME _____

PHONE # _____