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Please be advised that the office will be contacting you to confirm your next appointment a few days in advance. Make sure all contact information is filled out, and check off the best way to contact you. Thanks!

\_\_\_\_\_ Cell Phone: \_\_\_\_\_

\_\_\_\_\_ Home Phone: \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_ Text Message: \_\_\_\_\_

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## PHARMACY CONTACT INFORMATION

As of March 21, 2016, New York State law requires that all prescriptions be sent to the pharmacy electronically. Please provide us with the name, address, and phone number of your pharmacy.

Pharmacy Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Pharmacy Phone: \_\_\_\_\_