salomon banarer, m.d. susan watkins, aprn,fnp-bc

Practice limited to endocrinology, diabetes and metabolism



Pharmacy Information

In accordance with current federal measures to enhance patient safety, and for your convenience, the DDEC preferentially uses electronic prescriptions for patient medications.

Your pharmacy information will be kept in your chart and every time you need a new medication or a refill, it will be sent to your pharmacy of choice listed below. If you have a change in pharmacy information, please inform our office immediately.

Signature:	D	ate:
Patient/Guardian Printed Name:		
A photocopy of this agreement is to be consider	ed as valid as an original.	
My signature below attests to my u	inderstanding of the abo	ve mentioned policy.
If possible, I prefer medica	ations to be dispensed w	ith a 3 month supply
 · · · ·	·	
If possible, I prefer medica		ith a 1 month supply
Phone		
Address	City	Zip
Pharmacy Name		