



732-291-2900

Yes, I want one pickup!

I'm going to save a trip to the pharmacy by having all of my medications ready on the same day.

I agree to:

- Pick up my medications on my designated date.
- Tell my pharmacist about any doctor appointments, hospital visits, or health care changes that might affect my medications.
- Let my pharmacist request refills from my doctor when my prescription runs out
- I request my medications be filled in 30 days' supplies.

My pharmacist might contact me by:

- Call Home Phone _____
- Text Message _____
- Email _____

Patient Signature: _____

Patient Name (print): _____

