

**TXT**      **Permission to contact me**      **E-Mail**  
about topics that may be of interest of value to me

**My medications**      Phone     TXT     E-Mail   
(e.g. repeats due, owings)

**Loyalty Clubs, Specials**    Phone     TXT     E-Mail   
**Birthday**

Name:	
Address:	
Address	
Phone:	
Cell Phone:	
Email:	
Birthday:	DD / MM / YY ____ / ____ / ____ Optional

Comment:
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**I know that I can ask this pharmacy to stop contacting me at any time**

Date: \_\_\_\_\_ Signed: \_\_\_\_\_ Staff \_\_\_\_\_

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