about topics that may be of interest of value to me	about topics that may be of interest of value to me
My medications (e.g. repeats due, owings) Loyalty Clubs, Specials Phone TXT E-Mail	My medications (e.g. repeats due, owings) Loyalty Clubs, Specials Phone TXT E-Mail
Birthday	Birthday
Name:	Name:
Address:	Address:
Address	Address
Phone:	Phone:
Cell Phone:	Cell Phone:
Email:	Email:
Birthday: DD / MM / YY DD / MM / YY Dptional	Birthday:/Optional
Comment:	Comment:
I know that I can ask this pharmacy to stop contacting me at any time	I know that I can ask this pharmacy to stop contacting me at any time
Date: Signed: Staff	Date: Signed: Staff
TXT Permission to contact me E-Mail about topics that may be of interest of value to me	TXT Permission to contact me E-Mail about topics that may be of interest of value to me
My medications Phone TXT E-Mail	My medications Phone TXT E-Mail
(e.g. repeats due, owings) Loyalty Clubs, Specials Phone TXT E-Mail	(e.g. repeats due, owings) Loyalty Clubs, Specials Phone TXT E-Mail
Birthday	Birthday
Name:	Name:
Address:	Address:
Address	Address
Phone:	Phone:
Cell Phone:	Cell Phone:
Email:	Email:
Birthday:/Optional	Birthday:/Optional
Comment:	Comment:
I know that I can ask this pharmacy to stop contacting me at any time	I know that I can ask this pharmacy to stop contacting me at any time
Date: Signed: Staff	Date: Signed: Staff