CAPITAL DISTRICT ORAL & MAXILLOFACIAL SURGEONS, LLC

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As of March 26, 2016 New York State law requires all patient prescriptions be electronically submitted to a patient's pharmacy of choice. So that we can facilitate this process through our office, we ask that you complete this form and print a copy. Please bring the completed form to your appointment to ensure timely processing of any prescriptions prescribed by our Doctors. Thank you in advance for your cooperation with this matter.

Date:	
Patient Name:	
Pharmacy Name:	
Pharmacy Address:	
Pharmacy Phone Number:	