DAVENPORT PHARMACY

FEATURING

Country Touch Floral & Uncorked Country

MEDICATION SYNCHRONIZATION & AUTOMATIC REFILL

PATIENT FORM

Name		Birthday	

Date Counted	

My Current Medications

RX Number	Medication name	**Number taken/day**	Total quantity on hand

Please return completed forms to the pharmacy. With this information we will short fill some medications to get them aligned and filling together every month. Please note it could take a couple fills to align everything due to unbreakable packages (inhalers / insulin), controlled substances, and insurance limitations. **Thank you for choosing Davenport Pharmacy!**

**** Additional Space on back****

Name		Birthday	

Date Counted	

My Current Medications (Continued)

RX Number	Medication name	**Number taken/day**	Total quantity on hand