

## PHARMACY & LAB PREFERENCES

Preferred Pharmacy Name: \_\_\_\_\_

City: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: (if known) \_\_\_\_\_

Please check one:

30 day supply \_\_\_\_\_ or 90 day supply \_\_\_\_\_

Preferred Lab:

Quest \_\_\_\_\_

LabCorp \_\_\_\_\_

Martin Health \_\_\_\_\_

JMC \_\_\_\_\_

Other (please list) \_\_\_\_\_