

## PREFERRED PHARMACY INFORMATION

Today's date \_\_\_\_\_

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

### **Preferred Pharmacy**

Name:
Address:
City:
Crossroads:
Phone #:
Fax #:

### **Second Choice Pharmacy** (Only if preferred choice is mail order)

Name:
Address:
City:
Crossroads:
Phone #:
Fax #:

*Drop off at Franconia Family Medicine (FFM) front desk  
or  
Call FFM and speak to receptionist: 703-922-5577 Prompt 2  
or  
Fax to FFM: 703-922-0746*