

OrthoArizona

Canyon Orthopaedic Surgeons

We are in the process of updating your health history in our new electronic medical records system. Please help us by providing your preferred pharmacy information below:

Patient Name: _____ DOB: _____

Preferred Pharmacy Name: _____

Pharmacy address: _____

* approximate crossroads if address unknown

Pharmacy zip code: _____

Pharmacy phone number: _____

If no preferred pharmacy please check box.

**Physician will choose pharmacy close to my home.

I give my signed consent to Canyon Orthopaedic Surgeons to obtain my medication history.

Signature patient/guardian

Date