

SyncRx Program

SyncRx is a program in which WE, your pharmacists, organize all of your maintenance medications to be filled at the same time. A pharmacy employee will contact you to verify that you are ready for your refills, and to inquire if any changes have been made to your medication list. In order to synchronize your prescriptions, we may need to short-fill select medications, resulting in some one-time additional co-pays. Please continue to call in your refills until you have been contacted by a pharmacy employee.

Name:	Date of B	irth://	-
Best Contact Phone Number: ()		
Signature:	Today's I	Date://	_
Current Medications you would like	added to the SyncRx Program	1:	
			-
			_
OR check here if you would	like all eligible maintenance n	nedications	
Current Physician(s):			
Current Pharmacy:			
Prescription Notification Enrollment	t		
□ I would like a text message of	only		
□ I would like an email notification	ation only		
□ I would like both email and t	text notifications		
Cell Number()	<u> </u>		
Cell Carrier(Circle One- Req	juired) AT&T Verizon	Cellular One Sp	orint
Email Address:			

