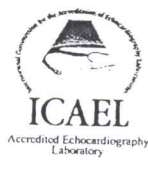


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TEXAS HEART INSTITUTE

PATIENT PHARMACY FORM

Hall-Garcia Cardiology is going to now prescribe all new and refilled medications electronically. Please complete the following information regarding your pharmacy so that we can take care of all your prescriptions.

Patient Name: _____

Date of Birth: _____

Physician: _____

Pharmacy Name: _____

Pharmacy Number: _____

Do you need refills at this time? If yes, what medications do you need?

Do you prefer 1 or 3 month refills? _____

Patient Signature: _____ Date: _____

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