APPOINTMENT REMINDER CARD If you are unable to keep your appointment, please contact us to reschedule.  PATIENT NAME:  PHARMACY NAME & PHONE:		APPOINTMENT REMINDER CARD If you are unable to keep your appointment, please contact us to reschedule.  PATIENT NAME:  PHARMACY NAME & PHONE:		
				TYPE OF APPOINTMENT:
		•		
APPOINTMENT REMINDER CARD If you are unable to keep your appointment, please contact us to reschedule.		APPOINTMENT REMINDER CARD If you are unable to keep your appointment, please contact us to reschedule.		
PATIENT NAME:		PATIENT NAME:		
PHARMACY NAME & PHONE:		PHARMACY NAME & PHONE:		
TYPE OF APPOINTMENT:	DATE & TIME:	TYPE OF APPOINTMENT:	DATE & TIME:	
APPOINTMENT REM If you are unable to keep your appoin	MINDER CARD  ntment, please contact us to reschedule.	APPOINTMENT RE	EMINDER CARD pointment, please contact us to reschedule.	
PATIENT NAME:		PATIENT NAME:		
PHARMACY NAME & PHONE:		PHARMACY NAME & PHONE:		
TYPE OF APPOINTMENT:	DATE & TIME:	TYPE OF APPOINTMENT:	DATE & TIME:	
• • • • • • • • • • • • • • •				
APPOINTMENT REMINDER CARD If you are unable to keep your appointment, please contact us to reschedule.			APPOINTMENT REMINDER CARD If you are unable to keep your appointment, please contact us to reschedule.	
PATIENT NAME:		PATIENT NAME:		
PHARMACY NAME & PHONE:		PHARMACY NAME & PHONE:	PHARMACY NAME & PHONE:	
TYPE OF APPOINTMENT:	DATE & TIME:	TYPE OF APPOINTMENT:	DATE & TIME:	
APPOINTMENT REMINDER CARD If you are unable to keep your appointment, please contact us to reschedule.			APPOINTMENT REMINDER CARD If you are unable to keep your appointment, please contact us to reschedule.	
PATIENT NAME:		PATIENT NAME:		
PHARMACY NAME & PHONE:		PHARMACY NAME & PHONE:	PHARMACY NAME & PHONE:	
TYPE OF APPOINTMENT:	DATE & TIME:	TYPE OF APPOINTMENT:	DATE & TIME:	