# ISLAND DRUG
Service Excellence Delivered Locally

# LA CONNER DRUG
Service Excellence Delivered Locally

# *i*RxSync Application

Please fill out and give to any pharmacy team member

LAST ———————————— FIRST ———————————— MI —— DOB ___/___/___ — SEX ☐ M ☐ F

CELL ———————————— HOME ———————————— E-MAIL ————————————

Island Drug has my permission to ☐ text me or ☐ e-mail me when my prescriptions are ready for pick up

## MEDICATIONS YOU WANT *i*RXSYNC'D

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