

NOTICE TO CLIENTS OF MIND BODY INSTITUTE OF CHESTER COUNTY

Please note that we are implementing electronic medical records (EMR), and we are also starting electronic prescriptions.

We request that you give us your pharmacy's name, address, and phone number.

Name of Pharmacy:

Address of Pharmacy:

Phone Number of Pharmacy:

We also ask your permission to electronically communicate with your pharmacy whenever we send prescriptions for you. By filling out the information below, you give us the aforementioned permission.

Name of Patient:

Phone Number of Patient:

Signature of Patient:

Date: