# A convenient new service guaranteed to save your valuable time! Sign up Today!

Full Name:_____ Date of Birth:___/____/_____
First Middle Last MM DD YYYY

Email Address:_____

YES, Please!☐ No, Thanks. ☐

Sign me up for weekly emails regarding in-store specials!

Home Phone:_____

Sign Me Up For the Email Refill Reminder Service: ☐

Call me w/ Phone Reminders: ☐

Patient:

This program offers you a very convenient new service from Island Drug/LaConner Drug. By signing below you authorize Island Drug/LaConner Drug to send Protected Health Information (PHI) contained in the refill reminder service to the Phone Number/Email Address indicated above. Our HIPPA Privacy Policy is available at the store or on our website (islanddrug.com | laconnerdrug.com) for future reference.

Patient's Signature:_____ Date:_____