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*Serving the Sierra Foothills Since 1996*

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**PHARMACY NAME:** \_\_\_\_\_

**PHARMACY PHONE NUMBER:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**RX ALLERGIES:** \_\_\_\_\_

\_\_\_\_\_ **(SIGN)** \_\_\_\_\_ **(DATE)**