

LAPLACE DERMATOLOGY CLINIC

PREFERRED PHARMACY

Patient's Preferred Pharmacy Details

Pharmacy Name _____

Address _____

Phone Number _____

If you need a refill you must call your pharmacy and request a refill, they will contact us for you. You do not need to call the office.

Please initial that you understand this. _____

If you no show without calling BEFORE your appointment to cancel, there will be a \$25.00 no show fee.

Please initial that you understand this. _____

Thank you,
Laplace Dermatology