



ACKNOWLEDGEMENT OF WELCOME PACKET INFORMATION

Please confirm that you have received the East Alabama Apothecary Specialty Pharmacy New Patient Packet by signing and returning this form in the enclosed postage paid envelope. Completed forms may be mailed to or dropped off at:

East Alabama Apothecary Specialty Pharmacy
665 Opelika Road, Suite 400
Auburn, AL 36830

I confirm that I have received the East Alabama Apothecary Specialty Pharmacy welcome packet, which includes Hours of Operation, Contact Information, Patient Bill of Rights and Responsibilities, Financial Obligation, and Complaint Process.

Name (Please Print) _____

Signature _____

Billing Address _____

City, State, Zip _____

Shipping Address _____

City, State, Zip _____

Phone Number _____

Date _____

Thank you for choosing East Alabama Apothecary Specialty Pharmacy to service all of your specialty pharmacy needs.
