

Medication Synchronization Patient Agreement

We are pleased to welcome you to our Medication Synchronization Program. The Medication Synchroniz Program is designed to refill all of your medications on the same day each month.

The advantages of this program include:

It's Convenient - Fewer trips to the pharmacy

It's Personalized - Monthly pharmacist consultation regarding your medications

It's Easy - Pick up your prescriptions the same day each month

It's Free - This program is free of charge

I understand the program advantages and the following conditions of participation to achieve the full ber from the Medication Synchronization program.

I hereby agree to the following conditions:

To speak to the pharmacy once a month prior to my assigned refill date to discuss my prescriptior To pick up medications on my assigned refill date (or be available for delivery, if applicable). If required, pay an extra co-pay once for each medication in order to make all my refills due on the day.

To keep an open dialogue with my pharmacist regarding my doctor, hospital, and urgent care visit as changes in my health status.

I have read and understand this document, and have had all questions answered.

Patient's Printed Name

Patient Signature

Date

Pharmacist Signature

Date