

PEDIATRIC PULMONARY SPECIALISTS

David Rosenberg, MD – John Prpich, MD

Date: _____

Dear Parent's effective immediately, we will be sending all prescription's via electronically to the pharmacies. Please provide us with the information below:

Print Patient Name: _____

Patient Date of Birth: _____

Pharmacy Name: _____

Pharmacy Phone #: _____

Pharmacy Fax #: _____

Pharmacy Address: _____

Parent/Guardian Signature: _____

Print Name: _____