CALLENDER

DERMATOLOGY AND COSMETIC CENTER

FAIRWOOD OFFICE PARK
12200 Annapolis Road, Suite 315
Glenn Dale, MD 20769
301-249-0970 Telephone
301-249-4246 Fax

PHARMACY FORM

This form is helpful information in the electronic transmission of your prescription directly to the pharmacy. Please allow 48 hours for completion if electronic prescription is selected.

Patient Name___________________________________

Pharmacy Name ________________________________

Address _______________________________________

City ___________________**State** _________**Zip**_________

Phone Number _________________________________

Please check your preference: **( ) Paper Prescription ( ) Electronic prescription**