

SweetPak Rx Pharmacy Release Form

I _____ have enrolled in Sweetgrass

Pharmacy's SweetPak Rx Program as of _____. Please update them
(date)

as my pharmacy of choice in my chart. Please send any new prescriptions or prescription renewals to Sweetgrass Pharmacy. Please make them aware of any dose changes or medications that are being discontinued.

Phone: 843/654-4013

Fax: 843/654-4014

(Signature)