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The Hand & Upper Extremity
CENTER OF GEORGIA, P. C.
SURGERY OF THE HAND, ELBOW AND SHOULDER

Northside Hospital Doctors Centre
980 Johnson Ferry Road NE, Suite 1020
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Pharmacy Information For Prescriptions

I, _____, authorize The Hand and Upper Extremity Center, P.C. to use E-prescribe/Surescripts to prescribe medications and to obtain my prescription history from the pharmacy listed below. If for any reason I would like a prescription called into another pharmacy, I will notify the office.

Today's Date: _____

Patient Name: _____ DOB: _____

Name of pharmacy: _____

Address: _____

Pharmacy #: _____

Allergies to medications: _____

Patient/Guardian Signature: _____