Physician's Signature Card for Pharmacy File

NAME: _____
(PLEASE PRINT)

SERVICE: _____
(i.e., OB/GYN)

RANK: _____ PRD: _____

NPI/DEA: _____

DATE: _____ SIGNATURE: _____
(same as on prescriptions)

NHCCHASN 5211/001 (Rev APR/2013) This information is protected by the Privacy Act of 1974 (PL-93-579) and the Health Insurance Portability and Accountability Act (PL 104-191)

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