

BOHLMAN DRUGSTORE, INC.

1028 Wisconsin Ave.

Boscobel, WI 53805

Phone: 608-375-4466 Fax: 608-375-2383

Date: _____

Dear Staff of _____:

In order for us to better serve our patients, please include the dosage, frequency, and indication on "prn" prescription orders. A prescription for patient, _____, with a date of birth of _____ has been received without one of the following:

dosage frequency indication

Please locate the information in the patient's medical chart or follow-up with the prescriber for this information. On the prescription order below, please indicate the information and fax it back to the pharmacy at 608-375-2383.

As always, if there are any questions, please call 608-375-4466.

Thanks for your cooperation.

Sincerely,

COPY – FOR INFORMATION ONLY