

Sign-up Form for Refill Reminders - Carilion Clinic Pharmacy

Return this completed form to Carilion Clinic pharmacy either by email (pharmacy@carilionclinic.org) fax (visit CarilionClinic.org/pharmacy for fax numbers) or drop off at any pharmacy location.

Name: _____
Last First Middle

Address: _____
Street City State Zip

Date of Birth: _____
Month Day Year

Contact method (check all that apply)*

- Phone (please provide phone number): _____
- Text (please provide phone number): _____
- Email (please provide email address): _____

Pharmacy Locations (check all that apply)

- Medical Center Pharmacy
- Community Pharmacy & Med Supply
- Carilion Clinic Pharmacy Roanoke Memorial Hospital
- Carilion Clinic Pharmacy Riverside
- Carilion Clinic Pharmacy Salem
- Carilion Clinic Pharmacy Raphine
- All

Sign: _____ Date: _____

For mail order patients: Refill reminder notifications stating "prescription is ready to pick-up" mean that your prescription has been filled and will be shipped shortly.

*You may choose to stop receiving e-mail, phone, and mobile communications by changing your contact preferences. To opt-out of pharmacy prescription communications, contact your Carilion Clinic pharmacy or notify us at pharmacy@carilionclinic.org.