

# St. Elizabeth's Medical Center

A STEWARD FAMILY HOSPITAL



## Division of Urology

**AFFIX PATIENT LABEL**

Date: \_\_\_\_\_

## PHARMACY INFORMATION

Pharmacy Name: \_\_\_\_\_

Pharmacy Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Telephone No. (if available): \_\_\_\_\_

Fax No. (if available): \_\_\_\_\_