

## Declaration of Pharmacy

The Affordable Care Act now requires prescriptions to be sent electronically to the pharmacy and is phasing out the use of paper prescriptions. To comply with the federal law, please provide the name and information for the pharmacy where you desire your prescriptions to be sent. If you do not have a pharmacy or do not know the information for your pharmacy, please choose one of the two local pharmacies listed below:

Please send my prescriptions to:

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

Address: \_\_\_\_\_

\_\_\_\_\_

Phone number: \_\_\_\_\_

I do not have a pharmacy or otherwise know its information, therefore send my prescriptions to:

Walgreens  
1920 Aloma Avenue  
Winter Park, Florida 32792  
407-628-1899

CVS Pharmacy  
2527 Aloma Avenue  
Winter Park, Florida 32762  
407-678-5151

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Print Name: \_\_\_\_\_