Williams Bros. Rx Express

New Patient Education/Information

_____ _____

Patient Name (Print) Patient Number

As a patient of Williams Bros. Rx Express, I have been given the opportunity to review the following information. I have also been provided the opportunity to ask questions regarding this, or any other, information.

- Reviewed and received a copy of Services Offered by Williams Bros. Rx Express.
- Reviewed and received a copy of Patient Bill of Rights.
- Reviewed and received a copy of Responsibilities of the Patient.
- Reviewed and received a copy of Medicare Supplier Standards.
- Reviewed and received a copy of Advanced Directives information.
- Reviewed and received a copy of Notice of Privacy Practices.
- Reviewed and received a copy of Universal Precautions
- Reviewed and received a copy of Equipment Warranty Information
- Reviewed and received a copy of Patient Communication Information.
- Reviewed and received a copy of Drug Monograph

Various Federal and State laws mandate that this information be provided to you at this time. Williams Bros. Rx Express understands that this is a significant amount of information. Should you have any questions about these or any other topics please feel free to contact us.

_____/_____ _____/_____

Patient Signature Date Pharmacy Rep./Title Date