

# Patient Referral Form

Community Pharmacy

Patient Name

Date of Birth

Phone

Contact (if not the patient)

Phone (if not the patient)

Patient Label

## Medication Name

Informed Choices: The different options were explained and understood by the patient. From these choices the patient opted for Larivière et Massicotte pharmaciennes, inc.

Insurance

Prescription copy

Prescription Transfer

Pharmacological Profile

Other Documents: If deemed relevant

Company

Group

Certificate

RAMQ

## Notes | Comments

Pharmacist

License

Phone (pharmacy)

Phone

Email (in order to receive the newsletter)

## How did you hear about us ?

Congress | Booth

Social Networks

Colleague

Advertising

Conference

Other (specify)

A pharmacist will call you back within the next 24 business hours to plan the patient's care for their specialized treatment.

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**Larivière +  
Massicotte**  
Pharmaciennes, inc.