

Pharmacy Electronic Pink Card

Patient's DoD ID Number or Sponsors Last 4 _____ Cell Phone Number: _____

Patient Name: _____
Last Name, First Name Middle Initial

Receive Text Message

of Scripts

On post Provider

Off post Provider

- Medications not picked up within **seven (7)** business days will be returned to stock.
 - Unless it is an emergency, **SAME DAY PHARMACY SERVICE IS NOT AVAILABLE**
 - For emergency fills, DO NOT send in electronically. Print this form and fill out for patient. Have patient take it to WINDOW#1/Window#2. Staff member will advise when to return for pick up (Waiting in lobby is not recommended)
 - **DISCLAIMER:** Please note that non-government e-mail is not secure and there is a risk your information could be compromised if sent from a personal e-mail. DDEAMC is not liable if the information is lost or stolen
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