

Information needed

Call 651-256-6796

Please remember that it will likely take an additional 5 days to have it mailed to your pharmacy, processed by them and ready for you.

Please provide all the information listed so there is no delay in processing your request. Prescriptions may be picked up at one of the PYAM offices or mailed to your pharmacy only.

Child's full Name (Please Spell): _____

Child's birth date: _____

Name of Person calling and Relationship to patient _____

Phone # you can be reached at _____

(Please provide a phone number where we can reach you between 9AM-5PM Monday-Friday)

Provider Name _____

Name of requested Medication(s) _____

Present dosage(s) is _____ am, _____ noon, _____ pm

Please indicate one of the following:

I would like to pick up my prescription at: (list office)

St. Paul- Eagan- Maplewood- Lake Elmo/Woodbury –Hudson

I would like my prescription mailed to the following Pharmacy:

Pharmacy Name _____

Address _____

Phone # _____