Pinnacle Orthopedic Associates
340 Signal Hill Drive
Statesville, NC 28625
(704) 873-6065

Medication Profile Sheet

Name of Drug	Strength	Daily Dosage

I prefer to have my prescriptions filled at this pharmacy: Name: _____

Phone: _____

___ I would be willing to use a different pharmacy.
___ I prefer to use a mail order pharmacy.
___ I live in a Long- Term Care Facility.