

# ORAL & MAXILLOFACIAL SURGERY

DR. LEROY LOVING JR

## Pharmacy Information

We need your Rx location so that we may send your Rx electronically. This makes it faster and easier for you by having them send before you arrive.

Pharmacy Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone # \_\_\_\_\_