

E.N.T. Voice & Sinus Center of Nevada

Susan Schwartz, D.O., F.O.C.O.O.

Board Certified



Preferred Local Pharmacy Name:		
Street Address: (or cross streets):		
City:	State:	Zip:
Phone number:	Fax Number:	

Mail Order Pharmacy Name:	
Phone Number:	Fax Numbers:

I authorize Ent Voice and Sinus Center of Nevada to submit my prescriptions through e-Scripts, Sure Scripts, facsimile, and/or other methods of electronic communication which is a secured transmission of prescriptions to the pharmacies identified above.

Printed Name:

Signature