

**877-388-0507** toll free • **901-388-0407** fax • **www.restorerx.com** 

## Our Valued Patient:

Thank you for choosing Restore Rx, Inc. (Restore Rx). We are excited to have the opportunity to serve you and be a part of your healthcare team.

Enclosed are documents required for enrollment in our pharmacy services. Please complete, initial and sign these forms where indicated. Please return these forms within 5 business days.

A self-addressed stamped envelope is included for returning all indicated signed documents.

We have also included a Patient Satisfaction Survey to rate your experience with us.

Thank You,

Restore Rx, Inc.



