



WellStar Rheumatology Associates of Marietta
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Dear Patient:

WellStar Rheumatology will be transitioning to electronic medical records in the near future. Please help us make a smooth transition by providing the following:

Pharmacy Name: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Fax Number: _____

Mail Order Pharmacy Name: _____

Phone Number: _____

Fax Number: _____

Your Identification Number: _____

PLEASE PROVIDE THE FRONT STAFF WITH A COPY OF YOUR PRESCRIPTION CARD.

Thank you,