



The Confederated Tribes of Grand Ronde Community of Oregon
 Grand Ronde Health & Wellness Center Pharmacy
 9605 Grand Ronde Rd, Grand Ronde, OR 97347

Patient Contact Preference

The Grand Ronde Health & Wellness Center Pharmacy (GRHWCP) can send alerts to you regarding prescriptions and urgent information that could affect your care. Please fill out this form with your preferred contact method(s) so that we can notify you of the status of your orders in ways that you prefer.

NOTICE:
 Notifications will contain private information that you may not want to share with others. It is your responsibility to protect any notifications that you receive.



Instructions:

1. Every patient will need to fill out this form in order to receive notifications. Parents or guardians of children will need to fill out one for each child.
2. This form will need to be printed out and either mailed, faxed (503-879-2030), or dropped off at the pharmacy. Email cannot be accepted due to privacy laws. Phone requests cannot be used as a signature is required.
3. If you've already filled this form out, no need to fill it out again.

Name: _____

Signature: _____

DOB: _____

Opt in for text messages Preferred texting phone # _____

OR

Opt in for automatic voicemails Preferred phone# _____

Questions ?
 503-879-2342

Below for office use only:

Date: _____ Updated by: _____

Please Return To The Pharmacy For Activation