

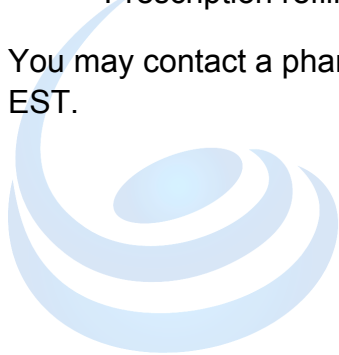
# OFFER TO COUNSEL NOTICE

**1-888-572-8367**

You are receiving this notice because your physician recently requested a compounded prescription to be filled by our pharmacy. You are entitled to receive medication counseling from one of our pharmacists regarding the following:

- Name and description of medication
- Dose, route of administration, and duration of medication
- Intended use of medication and expected action
- Special directions and precautions for use
- Common adverse effects or interactions
- Techniques for self-monitoring
- Proper storage
- Prescription refill information

You may contact a pharmacist at **1-888-572-8367**, Monday through Friday, 9AM to 6:00PM EST.



*PharmaLabs*

**Acknowledgment of Receipt/Refusal for Offer to Counsel**

*By signing below, I hereby acknowledge that I have received a copy of PharmaLabs "offer to counsel notice" and understand that I may refuse such counseling.*

\_\_\_\_\_  
*Signature of Patient or Personal Representative*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Name of Patient or Personal Representative*

\_\_\_\_\_  
*Description of Personal Representative's Authority*

**Please sign both copies of this form. Save one for your records and mail the second copy to PharmaLabs in the enclosed business reply envelope.**



**PharmaLabs**

***Acknowledgment of Receipt/Refusal for Offer to Counsel***

*By signing below, I hereby acknowledge that I have received a copy of PharmaLabs "offer to counsel notice" and understand that I may refuse such counseling.*

\_\_\_\_\_  
*Signature of Patient or Personal Representative*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Name of Patient or Personal Representative*

\_\_\_\_\_  
*Description of Personal Representative's Authority*

