|  |  |
| --- | --- |
| MC900241103[1]  Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    I am participating in my pharmacy’s  synchronized prescription refill service.  By having all of my prescriptions filled on a  single day each month, I gain a better  understanding of my medication therapy,  increased convenience, and potentially  improved health outcomes.    **Pharmacy Name** | MC900241103[1]  Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    I am participating in my pharmacy’s  synchronized prescription refill service.  By having all of my prescriptions filled on a  single day each month, I gain a better  understanding of my medication therapy,  increased convenience, and potentially  improved health outcomes.    **Pharmacy Name** |
| MC900241103[1]  Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    I am participating in my pharmacy’s  synchronized prescription refill service.  By having all of my prescriptions filled on a  single day each month, I gain a better  understanding of my medication therapy,  increased convenience, and potentially  improved health outcomes.    **Pharmacy Name** | MC900241103[1]  Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    I am participating in my pharmacy’s  synchronized prescription refill service.  By having all of my prescriptions filled on a  single day each month, I gain a better  understanding of my medication therapy,  increased convenience, and potentially  improved health outcomes.    **Pharmacy Name** |
| MC900241103[1]  Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    I am participating in my pharmacy’s  synchronized prescription refill service.  By having all of my prescriptions filled on a  single day each month, I gain a better  understanding of my medication therapy,  increased convenience, and potentially  improved health outcomes.    **Pharmacy Name** | MC900241103[1]  Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    I am participating in my pharmacy’s  synchronized prescription refill service.  By having all of my prescriptions filled on a  single day each month, I gain a better  understanding of my medication therapy,  increased convenience, and potentially  improved health outcomes.    **Pharmacy Name** |
| MC900241103[1]  Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    I am participating in my pharmacy’s  synchronized prescription refill service.  By having all of my prescriptions filled on a  single day each month, I gain a better  understanding of my medication therapy,  increased convenience, and potentially  improved health outcomes.    **Pharmacy Name** | MC900241103[1]  Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    I am participating in my pharmacy’s  synchronized prescription refill service.  By having all of my prescriptions filled on a  single day each month, I gain a better  understanding of my medication therapy,  increased convenience, and potentially  improved health outcomes.    **Pharmacy Name** |
| MC900241103[1]  Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    I am participating in my pharmacy’s  synchronized prescription refill service.  By having all of my prescriptions filled on a  single day each month, I gain a better  understanding of my medication therapy,  increased convenience, and potentially  improved health outcomes.    **Pharmacy Name** | MC900241103[1]  Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    I am participating in my pharmacy’s  synchronized prescription refill service.  By having all of my prescriptions filled on a  single day each month, I gain a better  understanding of my medication therapy,  increased convenience, and potentially  improved health outcomes.    **Pharmacy Name** |