

Phone 203.332.5653
Pharmacy Assistant 203.576.7441
Fax 203.576.7491
www.hopedispensarybridgeport.org

752 East Main Street # 170 Bridgeport Dept. of Health Bridgeport, CT 06608

Deliver to Westport
Deliver to Family Health Center
Patient pick up Outpatient Pharmacy

Patient:

DOB:

Please do the following:

- Have the patient sign and date the Authorization for release of Protected Health information form, as well as whoever is signing the patient out (witness/authorized eligibility qualifier.)
- Patient signature is needed on the RX tag.
- Please fax this information back to the Hope Dispensary 203-576-7491

If you have any questions or concerns please call 203-332-5653.