

Buchanan Drugs
406 Courthouse Square
Buchanan GA 30113



“Delivering Better Health Daily”

AUTHORIZATION TO SEND TEXT MESSAGES

By signing this form, I authorize Buchanan Drugs to send text messages to my cell phone to inform me of my prescriptions being filled and ready for pick up. I understand that standard text messaging rates may apply to any messages received from Buchanan Drugs. I agree not to hold Buchanan Drugs liable for any electronic messaging charges or fees generated by this service. It is my responsibility to inform Buchanan Drugs of any changes to my phone number and/or provider information. A new form must be submitted for changes.

Patient Name/Guardian

Name: _____

Name of minors _____

Address _____

Cell Phone: _____

Provider: _____

(Example: AT&T, T-Mobile, Sprint, Verizon, Boost, Cricket, etc.) Initial _____

Patient Signature

Disclaimer: This text message program is provided as a service to our patients for informing of new prescriptions and or refills are completed and ready for pick-up at the pharmacy. Your information will not be sold, distributed or shared with entities or affiliates not involved with the direct delivery of this service.