

LAMONT W. HORNBECK, M.D.

Clinical Dermatology and Cutaneous Surgery

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By law, we now must send all your prescriptions electronically. There will no longer be any paper prescriptions given to you. We are asking for the name and phone # of your pharmacy, if you have the address or cross street, that would be helpful. Any script that is given by Dr. Hornbeck will be issued to your pharmacy of choice; you may inquire with them as to when it will be ready for you.

Thank you,

Dr. Hornbeck and staff

PATIENT NAME _____

PHARMACY _____

PHARMACY ADDRESS _____

PHARMACY PHONE NUMBER _____