



# ScriptTalk Patient Approval Form

**Pharmacy staff:** Please fill out form and fax to En-Vision America, 309-938-4948.  
En-Vision America will provide a prescription reader to the patient upon receipt.

## PATIENT INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please circle one:

English Unit

Spanish Unit

## PHARMACY INFORMATION

Pharmacy Name/Store Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Primary Contact: \_\_\_\_\_

*I verify that \_\_\_\_\_ is a confirmed patient with current prescriptions to be filled and will participate in the ScriptTalk program at this site.  
Please send a patient prescription reader at this time.*

\_\_\_\_\_  
*Printed Name (Pharmacy Staff Member)*

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

\_\_\_\_\_  
*Signature*

For questions or assistance, please call En-Vision America at **1-800-890-1180**.

Download this form: <http://www.scriptability.com/support/downloads>



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