



ScriptTalk Patient Approval Form

Pharmacy Staff: Please fill out the form and fax to En-Vision America, 309-938-4948, or email to patientcare@envisionamerica.com. En-Vision America will provide the patient with a ScriptTalk reader upon receipt.

****CA and VA locations:** Please give the patient the ScriptTalk reader on hand, complete the form, and include the serial number of the reader provided to the patient. En-Vision America will ship a replacement ScriptTalk reader to your pharmacy upon receipt.

PATIENT INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Please circle one: English Unit Spanish Unit

****CA & VA use Only:**

ScriptTalk Serial Number: _____

PHARMACY INFORMATION

Walmart/Sam's Club Store Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Primary Contact: _____

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

