



DERMATOLOGY  
ASSOCIATES  
of GEORGIA

## PATIENT PHARMACY INFORMATION

**Patient Name :** \_\_\_\_\_  
Last Name First Name Date of Birth

**Pharmacy Name :** \_\_\_\_\_

**Pharmacy Address :** \_\_\_\_\_  
Street  
\_\_\_\_\_  
City State Zip

**Pharmacy Phone Number:** ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

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

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

**Decatur**  
1951 Clairmont Road  
Decatur, GA 30033  
404-321-4600 • Fax 404-320-0987

**Johns Creek**  
4285 Johns Creek Parkway  
Suite A  
Suwanee, GA 30024  
770-622-4412 • Fax 770-622-4191

**DeKalb Medical Center**  
2665 North Decatur Road  
Suite 650  
Decatur, GA 30033  
404-508-0566 • Fax 404-508-0567

**Piedmont**  
2061 Peachtree Road  
Suite 400  
Atlanta, GA 30309  
404-554-0810 • Fax 404-554-0348

**Monroe**  
201 Michael Etchison Road  
Monroe, GA 30655  
770-267-5877 • Fax 770-207-4944