COVENANT PHARMACY

371 A Highland Colony Parkway
Ridgeland, MS 39157

PH: 601-326-5760
FAX: 601-326-5770

PRICE REQUEST

DATE: _____

FOR _____

(Nursing Facility)

MEDICATION	STRENGTH	QTY	PRICE

INSTRUCTIONS:

Please complete above and fax to Covenant Pharmacy. A copy with prices (not including tax) will be faxed back to you as soon as possible.

Prices quoted by: _____ **Date:** _____

Covenant Pharmacy

CONFIDENTIALITY NOTICE: The information contained in this electronic transmission is a CONFIDENTIAL COMMUNICATION and may be protected by one or more legal privileges. It is intended solely for the use of the recipient identified above. If you are not the intended recipient, you are hereby notified that reading, copying, or distributing this transmission is STRICKLY PROHIBITED. The sender has not waived any applicable privilege by sending this transmission. If you have received this in error, please notify the sender immediately by telephone and destroy the transmission.