

E.N.T. Voice & Sinus Center of Nevada

Susan Schwartz, D.O., F.O.C.O.O.

Board Certified

Preferred Local Pharmacy Name:
Street Address: (or cross streets):
City: State:
Phone number: Fax Number:
Mail Order Pharmacy Name:
Phone Number: Fax Numbers:
Zip:

I authorize Ent Voice and Sinus Center of Nevada to submit my prescriptions through e-Scripts, Sure Scripts, facsimile, and/or other methods of electronic communication which is a secured transmission of prescriptions to the pharmacies identified above.

Printed Name

Signature

Date