

**PATIENT iPLEDGE CHECKLIST
MALES & FEMALES NCBP**

Patient name _____

First Visit

Date: _____

- ☐ Review consents carefully and sign consent forms
- ☐ Lab slip will be given for fasting blood tests
- ☐ Once we receive results of lab we will call you to fill Rx
 - ☐ Rx can be picked up, called or faxed into REGISTERED pharmacies
 - ☐ Rx must be filled with in 7 days, **NO EXCEPTIONS**

Follow Up Visit(s)

Date: _____ (must be at least 30 days from the registration/last visit)

- ☐ Have labs drawn within 7 days of appointment
- ☐ Schedule f/u appointment at least 30 days from today
- ☐ Your Rx will be given to you or faxed/phoned into your pharmacy after labs have been received and reviewed by the physician
- ☐ Take username card to pharmacy to fill Rx within 7 days of appointment
- ☐ Rx must be filled within 7 days, **NO EXCEPTIONS**

Numbers

iPledge: 1-866-495-0654

Summit Dermatology: 719-667-0888 ext. 4