

Patient Name _____

Date of Birth _____

A Note To My Physician:

Please include the following statement in my medical file.

- In the event that medications are necessary for treatment of my medical conditions, I request that I be made aware of generic alternatives to brand name drugs and that generics be prescribed whenever available. I would also be interested in generic alternatives to brand drugs with no generics available. Please keep this in my file for future reference.

Signature

Date