



Florida Infectious Disease Group

Pharmacy and Provider Information

Preferred Pharmacy: _____

Address and/or Intersection: _____

City: _____ Zip Code: _____

Telephone Number _____

Referring Physician: _____

Address: _____

Telephone Number: _____ Fax Number: _____

Primary Care Physician: _____

Address: _____

Telephone Number: _____ Fax Number: _____