



Dear Pharmacist:

Designed to keep physicians in touch with each other and with your pharmacy, the WebMD Little Blue Book is the handy, pocket-sized medical community reference that physicians have depended on since 1988 for accurate and up-to-date physician, hospital and pharmacy information.

Pharmacy listings consist of the pharmacy name, address and phone number. Listings appear in the format shown below.

Sample Listing:

YOUR CITY NAME ABC Family Pharmacy 302 W Main St, 06001..... 123-456-7890

Having your pharmacy listing included allows physicians and their office personnel quick reference to assist patients with their prescription needs.

Your pharmacy information is included in the WebMD Little Blue Book at absolutely no cost or obligation.

To add or update your Pharmacy listing for the next printing of the WebMD Little Blue Book please complete the information below and fax to our Toll-Free number, **1-888-797-3009**. You may also email your new listing or update to **update@webmd.net**

If you have questions, please call Raphael Werner at 1-800-345-6865, x183. You may email multiple store listings to Raphael Werner at rwerner@webmd.net. To update by phone please call Kate Rogers at 1-800-345-6865, x156. Additional information about the WebMD Little Blue Book can be found at www.lbb.webmd.com.

Sincerely,

Raphael Werner, Manager of Data Integrity

PHARMACY PROFILE

Pharmacy Name: _____

Store Type (circle one): Independent, Hospital, Chain, Other, Chain (corp.) Name: _____

Dispense Type (circle one): **Compounding Retail Health Center Clinic Home Health Hospital IV Infusion LTC** Other: _____

NCPDP #: _____ NPI #: _____ Store #: _____

Doctor-to-Pharmacy Phone: _____ Main Store Phone: _____

Patient-to-RX Phone: _____ *Physician-to-Pharmacy HIPAA PHI-SECURE Fax: _____

*DO YOU AGREE TO RECEIVE HIPAA PROTECTED HEALTH INFORMATION AT THIS FAX NUMBER? Yes No

Pharmacy Open 24-Hours? Yes No OK to Publish Physician-to-Pharmacy Fax? Yes No

Physical Street Address: _____

City: _____ State: _____ Zip: _____

Mail Address: _____ Mail City: _____ Mail State: _____ Zip: _____

If we have questions, whom can we call? Name: _____ Title: _____

Contact Person Phone or Email: _____

PLEASE FAX BACK TO OUR TOLL-FREE NUMBER 1-888-797-3009