



# Oregon

Theodore R. Kulongoski, Governor

## Pharmacy Recovery Network

Edwin L. Schneider, R.Ph., Program Director

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### Pharmacist-In-Charge Verification and Acceptance of Pharmacy Recovery Network Contract

Dear Mr. Schneider:

I verify that \_\_\_\_\_ became employed with  
\_\_\_\_\_ located at \_\_\_\_\_  
\_\_\_\_\_ in (city) \_\_\_\_\_. I have reviewed a copy of this  
client's contract with the Pharmacy Recovery Network.

Sincerely,

\_\_\_\_\_  
PIC Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email

\* PICs please note that you may call me any time to anonymously ask for a progress report or UA.