

**Alert: This is a patient registration form generated from our Westmount
pharmacy website**

Name:

Jane Smith

Email Address:

jane.smith@example.com

Phone Number:

555-987-6543

Date of Birth:

1990-01-15

Address Information:

Address: 456 Oak Avenue

City: Springfield

State: NY

Postal Code: 12345

Emergency Contact:

Contact Name: Bob Smith

Contact Phone: 555-111-2222

Special Notes:

Prefers morning appointments

Please call if there are any questions about this registration or if additional information is needed.