John Viscovich, DPM

101 South Bedford Road, Ste. 213
Mt. Kisco, NY 10549
914-244-0244

356 Route 202
Somers, NY 10589
914-276-6060

465 Columbus Ave., Ste. 125
Valhalla, NY 10595
914-244-0244

DISPENSED ITEM CONFIRMATION

Patient Name: _____

Item (s) Dispensed: _____

Description: _____

Quantity Received: _____

Received by: _____

Date Received: _____

I affirm that Dr. Viscovich dispensed the above named item(s) to me.

PATIENT NAME (PRINT): _____ DATE: __/__/____

PATIENT SIGNATURE: _____

OR

RESPONSIBLE PARTY NAME (PRINT): _____ DATE: __/__/____

RESPONSIBLE PARTY SIGNATURE: _____