



Pharmacy Promotion Program

I hereby give permission to display the below listed pharmacy on the Yes! for Women website as a location to purchase the product, Yes! for Women. I understand that this is a free listing and there will be no charge for this listing. This permission is granted until revoked in writing. Upon receipt in writing PD-Rx agrees to remove the listing within 24 hours of receipt of request to remove the listing.

Pharmacy Name _____

Address _____

City, State, Zip _____

Phone Number _____

Pharmacy Mgr. _____
(Print Name)

Pharmacy Mgr. _____
(Signed Name)

Fax this completed form back to 1-800-370-3556 or 405-942-5471