

## **APP INSTRUCTIONS**

Registration

Click Register for Account Now

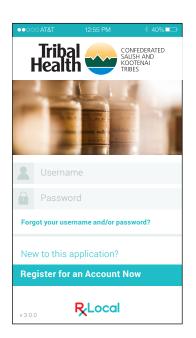
2

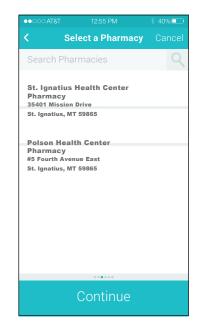
Choose your Pharmacy If **Applicable** 

CONFEDERATED SALISH AND KOOTENAI

Input Last Name, RX Number, and Date of birth

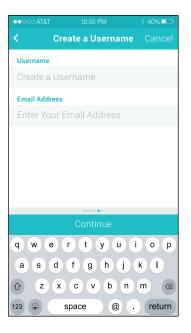
(All Three of these fields need to match our database if not please call us)







Input Username and Password



Set Pin Number (You will use this going forward)



Now you're ready to use your app!

