

Dear Patient,

For your convenience and safety, we are introducing a computerized prescription program that will improve both the accuracy and convenience of prescribing medications. This program will eliminate your waiting time. In most cases, it will also accommodate the transmission to your prescription mail order pharmacies.

To implement this new program, we need to collect some information from you and your pharmacies of choice. We will define on pharmacy as your main pharmacy; however, you may also provide the information for additional pharmacies to be used as an alternative. In addition, if you have a mail order benefit program please provide that information by selecting the appropriate box below.

We understand that you may not have the complete pharmacy information with you today. Please provide any information possible regarding the location (street, city, phone, fax), as any information provided will be helpful.

Patient Name: _____ Date: _____

Main Pharmacy:

Name (i.e. CVS, Rite-Aid, etc.): _____

Street Name & City: _____

Phone: _____ Fax: _____

Additional Pharmacy you would like kept on file:

Name (i.e. CVS, Rite-Aid, etc.): _____

Street Name & City: _____

Phone: _____ Fax: _____

Mail Order:

- Medco CareMark Express Script Pharmicare

Please list your drug allergies: _____