

Dear Patient,

For your convenience and safety, we are introducing a computerized prescription program that will improve the accuracy and convenience of prescribing medications. This program will allow for the electronic transmission of most of your prescriptions directly to your pharmacy of choice and will eliminate your waiting time. In most cases it will accommodate the transmissions of your prescriptions to mail order pharmacies.

To implement this new program, we need to collect some information from you on your pharmacies of choice. We will define one 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 and fax) as any information provided will be helpful.

PATIENT NAME: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

MAIN PHARMACY:

Pharmacy \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

ADDITIONAL PHARMACIES YOU WOULD LIKE TO BE KEPT ON FILE:

Pharmacy \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Mail Order:

\_\_\_ Medco

\_\_\_ Express Scripts

\_\_\_ Caremark

\_\_\_ Pharmicare