

Pharmacy Information for NY Pelvic Pain and

Minimally Invasive Gynecologic Surgery, P.C.

We require your pharmacy information in order to smoothly refill your prescriptions through our electronic system. We no longer refill prescriptions over the telephone. As we move towards improving our electronic systems we would like all prescription refills to be requested through your pharmacy. In turn, the pharmacy will send it to us electronically. All refill requests must be done through your pharmacy who will in turn communicate with us. We have done this to improve safety of prescribing and clarity of communication.

We can add an unlimited number of pharmacies to you account.

Your Name:

Primary Pharmacy Information

Name

Address

Address

City

State

Zip Code

Phone

Fax

Secondary Pharmacy Information

Name

Address

Address

City

State

Zip Code

Phone

Fax