

Douglas Hamilton, M.D.

Our office is now E-Prescribing to most pharmacies. The benefit to you is you no longer have to wait for your prescriptions to be filled. We will send them to your pharmacy electronically so they will be ready when you go to pick them up.



Please provide us with your pharmacy information:

PHARMACY NAME: _____

ADDRESS: _____

CITY: _____ ST _____ ZIP: _____

PHONE: _____ FAX : _____

Note: If you are not sure of the address, please provide the cross streets of the pharmacy location.

Please list any drug allergies you may have: ☐ I don't have any drug allergies

Patient Name: _____ DOB: _____

Email Address: _____