



ELECTRONIC PRESCRIPTION REQUEST & AUTHORIZATION

As part of our efforts to improve patient health and satisfaction, we are now offering electronic transmission of medications prescribed by your physician.

Your prescription can be sent electronically directly to your pharmacy of choice. This will save you valuable time, prevent lost paper prescriptions, and reduce the chance of errors in translation.

Yes, I want my prescriptions sent electronically. I have completed the information below.

Patient Name (print): _____

Date of Birth: _____

Name of Parent or Guardian (if applicable): _____

Name of Pharmacy: _____

Pharmacy Address: _____

Major Cross Street: _____

Pharmacy City/State/Zip: _____

Pharmacy Phone Number: _____

Patient or Guardian Signature: _____ Date: _____