

Preferred Pharmacy and History Request

As part of our electronic medical records system, we are now able to transmit perscriptions directly to your pharmacy or online vendor.

In order to do this, we will need to know your pharmacy preferences. While addresses are helpful, we can get by with approximate location of your preferred pharmacy.

Primary Pharmacy

Pharmacy _____ Street(s) _____ City _____ State _____

Secondary Pharmacy

Pharmacy _____ Street(s) _____ City _____ State _____

Online/Mail Order Pharmacy

Pharmacy _____ Web Address _____

Permission to Obtain Medications History Accept: Decline:

Patient Signature _____ Date _____