

ELECTRONIC PRESCRIBING ENROLLMENT FORM

Our practice has started sending prescriptions electronically to local pharmacies that are connected. Instead of a paper prescription, we can now send the same information directly to the pharmacy computer. No more lost prescriptions and no trip to the pharmacy to drop off your paper prescription.

Please fill in the information below. All prescriptions will be sent only to the one pharmacy you have listed. If you need to change the pharmacy in the future, notify us of the change in writing.

If for any reason you may need a prescription sent to another pharmacy, just provide your pharmacy with the name and phone number of the pharmacy you want it transferred to, and they will complete the transfer for you.

Parent's Name _____ Email _____

Address _____ City _____ ZipCode _____

Home Phone _____ Cell Phone _____

Pharmacy Name _____ Location (Cross Streets) _____

Phone Number _____ Fax Number _____

Children's Names and Dates of Birth (Please list first and last name if different from yours or siblings)

Child's Name

Date of Birth
