

## Electronic Prescription Request & Authorization - 2017

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

Your prescriptions 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 (printed) \_\_\_\_\_

Date of birth: \_\_\_\_\_

Name of Parent or Guardian (if applicable) \_\_\_\_\_

Name of Pharmacy: \_\_\_\_\_

Pharmacy Address: \_\_\_\_\_

Major Cross Street (if known): \_\_\_\_\_

Pharmacy City/State/Zip: \_\_\_\_\_

Pharmacy Phone # (\_\_\_\_\_) \_\_\_\_\_

Patient or Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_