

Pharmacy Electronic Health Records Form

Dear Patient,

In compliance with the affordable healthcare act of 2010, we have implemented a new prescription program called ePrescribe. The ePrescribe system allows us to send most of your prescriptions to your pharmacy electronically. Controlled substances may not be ePrescribed and must be picked up from our office. In order to establish you in the system, please complete the information listed below. We thank you for your assistance in providing us with the below info.

Patient Name: _____

Date of Birth: _____

Pharmacy Name

Pharmacy Address and Phone Number

Do you use a mail order pharmacy? Yes No If so, which one? _____