

Dear Patient: **WE HAVE GREAT NEWS!**

We now have the ability to order your prescriptions electronically when we prescribe medications for you. You should make **all of your *refill* requests directly to your pharmacy.**

Please give us the name and address of your **preferred Pharmacy** so that we may have this information on file.

Thank you.

Patient Name: _____

Date of Birth: _____

Name of Pharmacy: _____

Address: _____

Zipcode: _____

Telephone # of pharmacy: _____

entered into Allscripts

Date entered: _____