

Pharmacy Information

EDWARD RUIZ, M.D.

For your convenience and safety, we offer a computerized prescription program which will allow us to electronically transmit most of your prescriptions directly to your pharmacy of choice. In most cases, it will also accommodate the transmission of your prescription to mail order pharmacies. If you prefer to not use this option please initial on the bottom line.

To implement this, we will need to collect information from you regarding your pharmacy of choice.

PATIENT NAME: _____ **BIRTHDATE:** _____

PHARMACY NAME: (IE: CVS, Rite-Aid, etc): _____

ADDRESS (or cross streets) _____ **CITY:** _____

PHARMACY PHONE: _____

Three (3) months supply if available: Yes No

MAIL ORDER: (CIRCLE TO SELECT ONE)

MEDCO CVS CAREMARK/PHARMACARE EXPRESS SCRIPTS MEDIMPACT

Please circle/list your drug/latex allergies: No known allergies

Penicillin Sulfa Codeine Erythromycin Keflex Aspirin Latex Bandaid

Others: _____

Reviewed: Date/Nurse Initial

_____ / _____ _____ / _____ _____ / _____ _____ / _____

_____ / _____ _____ / _____ _____ / _____ _____ / _____

_____ / _____ _____ / _____ _____ / _____ _____ / _____

_____ / _____ _____ / _____ _____ / _____ _____ / _____

I prefer to NOT use e-prescribing and would like to take my prescriptions with me. _____ (initial here)