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PATIENT PHARMACY INFORMATION

E-Prescribing is now mandatory in the state of New York.

In order to comply with state regulations, and to ease our ability to provide you with timely service, please provide our office with your pharmacy contact information, including any alternative pharmacy phone number(s) and any mail order pharmacy information. Please include the name of your pharmacy, street address, zip code and phone number, as this information is crucial for all E-Prescribing. Please mail or fax us this information as soon as possible.

Patient Name: _____

Date of Birth: _____

Pharmacy Name

Address

Phone Number

Pharmacy Name

Address

Phone Number

MAIL ORDER PRESCRIPTIONS:

Pharmacy Name

Address

Phone Number