



15501 Metropolitan Pkwy, Clinton Twp., MI 48036
Phone (586) 286-9720 · Fax (586) 286-3134

Dear Patient,

For your convenience and safety, we are introducing a computerized prescription program that will improve both the accuracy and convenience of prescribing medications. This program will allow for the electronic transmission of most of your prescriptions directly to your pharmacy of your choice and will eliminate your waiting time. In most cases, it will also accommodate the transmissions of your prescription to mail order pharmacies.

To implement this new program, we need to collect some information from you on your pharmacies of choice. We will define one pharmacy as your main location; however, you may also provide the information for additional pharmacies to be used as an alternative. In addition, if you have a mail order benefit program, please provide that information by selecting the appropriate box below.

We understand that you may not have the complete pharmacy information with you today. Please provide any information possible regarding the location (name and cross roads and/or city.) If you do not have the direct phone number that is fine, as any information provided will be helpful for the front desk staff in locating the correct pharmacy.

PATIENT NAME: _____

DOB: _____

MAIN PHARMACY:

Name (i.e CVS, Rite Aid, ect): _____

Street Name and/or Cross roads/City _____

ADDITIONAL PHARMACIES:

Name: (i.e CVS, Rite Aid, ect): _____

Street Name and/or Cross roads/City _____

Phone #: _____

Name: (i.e CVS, Rite Aid, ect): _____

Street Name and/or Cross roads/City _____

Phone #: _____

MAIL ORDER:

- Medco/Express Scripts CareMark Right Source Novixus Optum Rx

Please list your drug allergies: _____
