

**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.

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

<b>PATIENT NAME:</b> _____ <b>BIRTHDATE:</b> _____
<b>PHARMACY NAME: (IE: CVS, Rite-Aid, etc):</b> _____
<b>PHARMACY STREET NAME &amp; CITY:</b> _____
<b>PHARMACY PHONE:</b> _____ <b>FAX:</b> _____
<b><u>Three (3) months supply if available: Yes No</u></b>
<b><i>MAIL ORDER: (CIRCLE TO SELECT ONE)</i></b>
<b><i>MEDCO    CVS CAREMARK/PHARMACARE    EXPRESS SCRIPTS    MEDIMPACT</i></b>

<b>Please circle/list your drug allergies:</b>
<b>Penicillin    Sulfa    Codeine    Erythromycin    Keflex    Aspirin    Latex    Bandaid</b>
<b>Others:</b> _____

Reviewed: Date/Nurse Initial

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

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