

SOMERSET OPHTHALMOLOGY, PC
2877 Crooks Rd., Ste. B, Troy, MI 48084
(248) 822-7003

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 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 pharmacy; 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 (street, city, phone, and fax) as any information provided will be helpful.

PATIENT NAME: _____ **Date of Birth:** _____

MAIN PHARMACY:

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

Street Name & City: _____

Phone: _____ Fax: _____

ADDITIONAL PHARMACIES YOU WOULD LIKE KEPT ON FILE:

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

Street Name & City: _____

Phone: _____ Fax: _____

Mail Order:

<input type="checkbox"/> Medco	<input type="checkbox"/> Caremark
<input type="checkbox"/> Express Scripts, Inc.	<input type="checkbox"/> Pharmacare

Please list Drug Allergies: