

Skin Cancer Center of SE Michigan

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 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 regarding the location (street, city, phone, fax) as any information provided will be helpful.

PATIENT NAME: _____

Address: _____

City, State, Zip: _____

Phone # _____

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: _____

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

Street Name City: _____

Phone #: _____ Fax: _____

MAIL ORDER:

Medco Express Scripts, Inc.

CareMark PharmaCare

Please list your drug allergies:
