

Foot Healthcare Associates, PC – Pharmacy Notification

37595 7 Mile Rd.
Suite 370
Livonia, MI 48152
248-258-0001 (Main office)

29829 Telegraph Rd
Suite 100
Southfield, MI 48034

26850 Providence Parkway
Suite 502
Novi, MI 48374

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 collection 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 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, fax) since any information provided will be helpful.

Patient Name: _____ **DOB:** _____

Please list your drug allergies: No allergies to Medications

Main Pharmacy:

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

Street Name and City: _____

Phone: _____ Fax: _____

Additional Pharmacies you would like kept on file:

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

Street Name and City: _____

Phone: _____ Fax: _____

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

Street Name and City: _____

Phone: _____ Fax: _____

Mail Order Pharmacies:

Medco CareMark Express Scripts, Inc. Wallgreens

Entered in E-scribe Date: _____ **Initials:** _____