



Patient Pharmacy Information

Name:	DOB:	Date:
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To better serve your healthcare needs, we will be changing to electronic health records (EHR). You will notice your doctors and nurses using computers more and paper less. This will change the way you currently receive your prescriptions, whether it is a one-time prescription for an antibiotic or your daily medication.

We will be sending your prescriptions to your pharmacy electronically instead of giving you a paper prescription in the office. In order to make this change, we will need your pharmacy information to be filled in below to ensure that your prescriptions are sent to the most convenient pick-up location for you. *Please note some prescriptions are required to be hand-written.*

Thank you for your help in making this a smooth transition.

Pharmacy Name	Pharmacy Address	Phone / Fax
<input type="checkbox"/> CVS Pharmacy		Ph: Fax:
<input type="checkbox"/> Publix		Ph: Fax:
<input type="checkbox"/> Scripts Pharmacy <i>Arnold Palmer Hospital for Children Lobby</i>	92 W. Miller St. Orlando, FL 32806	Ph: 407.237.6337 Fax: 321.841.9102
<input type="checkbox"/> Scripts Pharmacy - Dr. P. Phillips Hospital <i>Two locations: Next to ER or near main lobby</i>	9400 Turkey Lake Rd. Orlando, FL 32819	Ph: 321.842.7230 Fax: 321.842.7265
<input type="checkbox"/> Scripts Pharmacy <i>MD Anderson Cancer Center Orlando Lobby</i>	1400 S. Orange Ave. Orlando, FL 32806	Ph: 321.841.2818 Fax: 321.841.2819
<input type="checkbox"/> Target		Ph: Fax:
<input type="checkbox"/> Walgreens		Ph: Fax:
<input type="checkbox"/> Walmart		Ph: Fax:

*** Please insert pharmacy information below if not listed above. ***

Pharmacy Name	Pharmacy Address	Phone / Fax
<input type="checkbox"/>		Ph: Fax:
<input type="checkbox"/>		Ph: Fax:
<input type="checkbox"/>		Ph: Fax: