

Form for PRESCRIPTIONS (E-Prescribing-NYS Mandate)

As of March 2016, we are required by New York State Law to electronically send all pharmacy prescriptions.

We will NOT be allowed to Handwrite, Email, Fax or Print any prescriptions.

Please fill-in the following information to expedite this process.

This includes your Pharmacy and your Mail Order Pharmacy, if applicable.

ALL INFORMATION IS REQUIRED

PLEASE **PRINT** LEGIBLY

Patient's Last Name: _____

Patient's First Name: _____

Pharmacy Name: _____

Pharmacy Address (Full Address): _____

City, State and Zip Code: _____

Pharmacy Telephone Number & Area Code: (_____) _____
Area Code

MAIL ORDER PHARMACY

Mail- Order Pharmacy Name: _____

Mail-Order (Full-Address): _____

Mail-Order Telephone Number (_____) _____