



GRACE MEDICAL OF TROY

DR. NANCY MANSOUR-HABIB

Beaumont® Staff

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 decrease waiting time. In most cases, it will also accommodate the transmissions of your prescriptions to mail order pharmacies.

- To implement this new program, we need to collect some information from you on your pharmacy 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 (CVS, Rite-Aid, Meijer, Costco, etc..) _____

Address: _____

Phone: _____ **Fax:** _____

Additional Pharmacy you would like kept on file:

Name (CVS, Rite-Aid, Meijer, Costco, etc..) _____

Address: _____

Phone: _____ **Fax:** _____

Mail Order

- Medco
- Express Scripts, Inc
- Caremark
- Pharmacare

Please list your drug allergies:

I have No Drug Allergies