

Advanced Ear, Nose & Throat
Dr. Michael R. Menachof, MD FACS

Preferred Pharmacy Information Form

Thanks to recent advances in technology, we are now able to transmit certain prescription orders to your pharmacy electronically. This service is not available for use with all pharmacies and medications, but can save you a trip to the pharmacy by eliminating the need for you to physically drop off your prescription order.

If you require any prescription medications today, Dr. Menachof or Jaimee will place the order immediately following your visit. Getting your order to the pharmacy sooner means it will be filled sooner, allowing you to pick it up sooner.

In order for this process to work efficiently, we need some information about your preferred pharmacy. Even if Dr. Menachof will not be prescribing you any medications today, it is important for us to have your pharmacy information on file for future reference.

Please give as many of the following details as you can. If you have a phone capable of looking up the exact street address and/or phone number of your preferred pharmacy, we would greatly appreciate you using it to do so.

Patient Name (Please Print)

Today's Date

Preferred Pharmacy Name

Pharmacy Phone

Pharmacy Street Address (Or cross streets, if you cannot find the exact address)

City

State

Zip