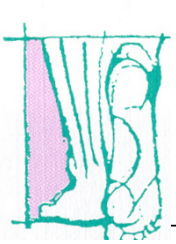
Charles Young, D.P.M., FACFAS
Marshall Solomon, D.P.M., FACFAS
Jeffrey Y. Yung, D.P.M., FACFAS
Susan P. King, D.P.M., AACFAS
Natahan M. Stone, D.P.M.



THE FOOTCARE INSTITUTE OF MICHIGAN

COMPUTERIZED PRESCRIPTION

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 an electronic transmission of most of the prescriptions ***directly*** to your pharmacy of choice and *will eliminate your waiting time*. In most cases it will accommodate transmission of your prescription to mail order pharmacy.

To implement this new program, we need to collect some information from you on your pharmacies of choice. We will define one pharmacy as the main pharmacy; however you may also provide information for additional pharmacies to be used as an alternative. In addition, if you have the 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) as any information provided will be helpful.

PATIENT NAME:_____Date of Birth:_____

MAIN PHARMACY:

Name (i.e. CVS, Rite-Aid, etc):_____
Address:_____
City: _____ Zip:_____
Phone: _____ Fax:_____

ADDITIONAL PHARMACIES YOU LIKE KEPT ON FILE:

Name (i.e. CVS, Rite-Aid, etc):_____
Address:_____
City: _____ Zip:_____
Phone: _____ Fax:_____

Name (i.e. CVS, Rite-Aid, etc):_____
Address:_____
City: _____ Zip:_____
Phone: _____ Fax:_____

MAIL ORDER:

☐ Medco ☐ CareMark/ Pharmacare ☐ Express Scripts, Inc.

Please list your drug allergies: _____
_____

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Patient Signature Date