



Mobile Physical Medicine & Wellness, PC

Edward M. Schnitzer, MD

Patient Name: _____

Medical Record #: _____

Pharmacy Verification Form

Pharmacy Name: _____

Pharmacy Address: _____

Pharmacy Number: _____

Dear Patients:

We now have the capability to E-scribe prescription medications directly to the pharmacy. Although we are happy to do this, there are guidelines that will need to be adhered to by all patients in order that this process is carried out efficiently.

Please see the following and initial next to each one acknowledging the guidelines:

1. _____ Prescriptions will only be sent to the pharmacy listed above.
2. _____ Prescriptions will not be sent to multiple pharmacies.
3. _____ No Prescriptions will be filled at Wal-Mart Pharmacy.
4. _____ **If you have changed pharmacies where your pain medication is filled and have not notified the office, you will be released.
5. _____ No medications will be prescribed in between visits or after hours unless deemed essential by Dr. Schnitzer.
6. _____ Any requests for new medications needs to be addressed during the office visit.
7. _____ If traveling out of town and it is essential pain medication that needs to be refilled, the patient should notify the office 14 days prior to the refill date and provide the office with the pharmacy information.

Patient Signature: _____ Date: _____