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PATIENT PHARMACY INFORMATION SHEET

Patient Name _____ DOB _____

Drug allergies _____

Our office has switched to electronic prescribing, also called “e-prescribing.” That means we will send your prescription to your pharmacy via a computer or handheld device.

E-prescriptions are computer- generated prescriptions created by your healthcare provided and sent directly to your pharmacy. Instead of writing out your prescription on a piece of paper, he or she can type it directly into a handheld or desktop computer. Your prescription then travels from our office to the pharmacy’s computer.

E-Prescriptions are:

- ✓ **Fast:** your prescription is sent to your pharmacy before you leave our office.
- ✓ **Convenient:** There is no need for an extra trip to the pharmacy to drop off your paper prescription.
- ✓ **Legible:** there is no handwriting for the pharmacist to interpret. Instead, you get a printed receipt with your prescription and pharmacy details.
- ✓ **Secure:** E-prescriptions are sent through a private, secure network – not over the internet or by e-mail.

Keep in mind, your prescription may not always be ready as soon as you arrive at the pharmacy. We recommend you to call the pharmacy to verify your pick up time.

Pharmacy you would like us to send your prescriptions to:

Primary Pharmacy

Secondary Pharmacy

Pharmacy name

Pharmacy name

Address or cross streets

Address or cross streets

City, State, Zip

City, State, Zip

Phone

Fax

Phone

Fax

I hereby authorize any hospital, physician, medical practitioner, clinic, other medical or medically relates facility, pharmacy, insurance company or government agency to disclose or furnish to Dr. Santiago Martinez, or his representatives, any and all information with respect to any illness, drug/alcohol abuse, injury, medical history, consultations, prescriptions, treatments, or benefits and copies of all applicable records that may be requested. A photostatic copy of this authorization is to be considered as valid as the original.

Signature of Patient /Parent /Guardian

Date

If you need to change the pharmacy information in the future, please ask a member of our staff for a new form to update your pharmacy information.