

PHARMACY ON FILE

NAME OF PHARMACY: _____

ADDRESS: _____

TELEPHONE: _____

PLEASE PROVIDE US WITH YOUR PHARMACY. WE DO ELECTRONIC PERSCRIPTIONS. IF THERE IS NO PHARMACY ON FILE WE WILL BE UNABLE TO FILL ANY MEDICATIONS.

EMAIL ADDRESS

PATIENT NAME: _____

EMAIL ADDRESS: _____

BY PROVIDING US WITH YOUR EMAIL YOU WILL BE ABLE TO LOG ON TO YOUR PATIENT PORTAL. ONCE YOUR EMAIL IS ENTERED INTO OUR SYSTEM YOU WILL RECEIVE AN EMAIL WITH A LINK TO LOG ON AND CREATE YOUR PATIENT PORTAL. WITH THIS PORTAL YOU WILL BE ABLE TO SEND MESSAGES, CHECK ON APPOINTMENTS, AND GET IN CONTACT DIRECTLY WITH DR.MARKS.