



CEDARS-SINAI MEDICAL GROUP
 18370 Burbank Blvd., Suite 601
 Tarzana, CA 91356



Our office e-prescribes to most pharmacies. The benefit to you is that you no longer need to wait for your prescriptions to be filled. We will send them to your pharmacy so they will be ready when you go to pick them up.

Please provide us with the following information:

PATIENT NAME (printed): _____

DATE OF BIRTH: _____ PHYSICIAN: _____

ALLERGIES TO MEDICATIONS: NONE / YES [Circle one]

IF YES, PLEASE SPECIFY: _____

Please indicate below the three pharmacies you use most frequently. If you're not sure of the address, please indicate the closest cross streets to the pharmacy location.

● **PHARMACY NAME:** _____

ADDRESS: _____

CITY: _____ STATE _____ ZIP _____

PHONE: _____ FAX: _____

● **PHARMACY NAME:** _____

ADDRESS: _____

CITY: _____ STATE _____ ZIP _____

PHONE: _____ FAX: _____

● **PHARMACY NAME:** _____

ADDRESS: _____

CITY: _____ STATE _____ ZIP _____

PHONE: _____ FAX: _____