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## Weill Cornell Pediatrics Pharmacy Intake Form

So that you and your physician may take advantage of e-prescribing, we need you to provide information on the pharmacy that you choose to use to fill you or your child's prescriptions. Electronic prescription requests are more efficient, accurate and cost effective. Feel free to speak with your physician if you have additional questions.

New       Update

Date:

Patient Name:

NYH #:

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### **PRIMARY**

Pharmacy Name:

Address:

Phone Number

Fax Number

### **SECONDARY** (if applicable)

Pharmacy Name:

Address:

Phone Number

Fax Number

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