

Dallas Medical Specialists

Patient Preferred Pharmacy Form

We, at Dallas Medical Specialists are very pleased that you have chosen us as your primary healthcare provider. In order to better serve you, your prescriptions will now be electronically processed directly to your pharmacy. Please provide us with your pharmacy information in the space provided below. If you are unable to provide your preferred pharmacy information to us today you may call us back with the information or fax this completed form to the numbers provided below. If at any time there is a change in your pharmacy information, please provide the updated information to our Front Desk staff, nurse or your physician.

Phone: 972-566-6000

Fax: 972-566-6966

Patient Name: _____

Pharmacy Name: _____

Pharmacy Address: _____

Pharmacy Phone Number: _____

Pharmacy Fax Number: _____