



SAN ANTONIO SKIN CARE & DERMATOLOGY CLINIC
"THE SKIN MD"

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Fellow of the American Academy of Dermatology
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Patient Preferred Pharmacy Form

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 of fax this completed form to the number provided below.

If at any time there is a change in your pharmacy information, please provide the updated information to the front desk staff or nurse.

Phone: 210-615-9494

Fax: 210-615-1514

Patient name: _____

Date of birth: _____

Pharmacy Name: _____

Pharmacy address: _____

Pharmacy Phone Number: _____