



Electronic Prescribing Intake Form

Blue Ridge Cancer Care submits prescriptions electronically to your pharmacy. To assist your physician with this process, please complete the form below to the best of your ability and return to the front desk or the lab staff. We have also attached your current medication list. Please take a moment and review the list and make any necessary changes. Thank you.

Name: _____
Date of Birth: _____
Home phone: _____ Other: _____

Your Local Pharmacy: _____
Pharmacy Phone: _____
Pharmacy Location _____

Mail-in Pharmacy: _____
Pharmacy Phone: _____

Medication Allergies and type of reaction:

Source	Reaction	Source	Reaction
<i>Example: Penicillin</i>	<i>Example: Rash</i>	5.	
1.		6.	
2.		7.	
3.		8.	
4.		9.	