



# NORTH TEXAS ORTHOPAEDIC & SPINE

VUDHI SLABISAK, M.D.

## Pharmacy Designation Form

Over the course of the next year, North Texas Orthopaedic & Spine will transition from paper charts to a paperless system known as EMR (electronic medical records). In setting up electronic "charts" for each patient, we also need the name and phone number for your preferred pharmacy. If you know the street address, street name, or even cross street, please include this as well.

ANY PRESCRIPTION ORDERED BY DR. SLABISAK WILL STILL BE GIVEN TO YOU ON PRESCRIPTION PAPER AND YOU, THE PATIENT, WILL STILL NEED TO TAKE THIS TO THE PHARMACY TO BE FILLED.

We appreciate your help and understanding as we undergo this transition in our clinic.

Sincerely,

Dr. Slabisak and the NTOS team

Name of Patient \_\_\_\_\_

Date of Birth \_\_\_\_\_ TODAY'S DATE \_\_\_\_\_

Name of Preferred Pharmacy \_\_\_\_\_

Street Address (or cross streets and city) \_\_\_\_\_

Pharmacy phone number \_\_\_\_\_

If you change your preferred pharmacy, you must notify the clinic and complete a new Pharmacy Designation Form for your file. Forms can be requested at check-in.