



**Leachman Cardiology  
Associates, P.A.**

AN AFFILIATE OF TEXAS HEART INSTITUTE

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The transition to electronic prescriptions is a **FEDERAL REQUIREMENT**. In order to comply we need the following information.

PHARMACY INFORMATION							
Today's Date							
PATIENT'S NAME							
Patient's EMAIL (Optional)							
Date of birth							
Circle your Cardiologist	Leachman	Lufschanowski	Angelini	Krajcer	Lopez	Coulter	Hernandez
Local <b>pharmacy name</b>							
Local <b>pharmacy phone number</b>							
Local <b>pharmacy fax number</b>							
Local <b>pharmacy Address</b> (zip code and/or cross streets)							
<b>Mail-order pharmacy name</b> (for 90-day prescriptions) (Circle one or write one in)	Aetna	Cigna-Tel	Caremark	Express Scripts			
	Humana Rt Source	Informed Mail	Medco	Prescription Solution			
	Prime Therapeutic	Right Source RX	Target Mail	Wal-Mart Mail			
	Walgreen Mail						
Do you prefer your LOCAL or MAIL ORDER pharmacy for your maintenance medications? (Circle one)	<b>MAIL ORDER</b>		<b>LOCAL</b>				
Comments							