



436 Nokomis Avenue South
Venice, FL 34285
Phone 941-488-7742
Fax 941-484-7756

Sidney W. Holec, M.D., F.A.C.S.
Bryan L. Smith, M.D., F.A.C.S.
Issam A. Halaby, M.D., Ph.D., F.A.C.S.
Christopher M. Willkomm, M.D.

Patient Name _____

In an attempt to reduce medication errors, discover lower cost, therapeutically appropriate alternatives, and identify potential undesirable or unsafe situations, Medicare and many insurance carriers have requested that we submit our prescriptions through the computer. We are seeking your permission to submit your prescription in this manner.

With my signature below, I am granting permission to Surgical Associates of Venice & Englewood to submit my prescription electronically to the following pharmacy:

<u>Store</u>	<u>Location and/or Phone Number</u>
CVS	_____
Publix	_____
Sweetbay	_____
Target	_____
Walgreen	_____
Walmart	_____
Other:	_____

Signature

Date