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## **ELECTRONIC PRESCRIBING**

Our office uses electronic prescribing. We are able to send your prescription to your pharmacy while you wait or while you are on your way to your pharmacy. We do need the following information below to assist us in completing this task for you.

**\*\*Please note, all patient information is private and in accordance to HIPAA\*\***

Please complete the following information:

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

Date of birth \_\_\_\_\_

Height/Weight \_\_\_\_\_

Allergies to any  
medications \_\_\_\_\_

\_\_\_\_\_

**Pharmacy Name** \_\_\_\_\_

**Pharmacy Number** \_\_\_\_\_

**Pharmacy Address** \_\_\_\_\_

\_\_\_\_\_

Thank you for your cooperation and please feel free to speak with any of our medical staff for any concerns you may have!