

APPLE DISCOUNT DRUGS

404 N. Fruitland Blvd.
Salisbury, MD 21801
410-749-8401

1210 Nanticoke Rd.
Salisbury, MD 21801
410-543-8401



Snow Hill Pharmacy

5610 Market St.
Snow Hill, MD 21863
410-632-3500

MedSync Patient Education and Enrollment

The MedSync Program is a convenient way to synchronize your prescriptions so they will be filled on the same day each month. MedSync is designed to streamline and simplify medication management for our patients.

Program Advantages

- Increased convenience – a single monthly trip to the pharmacy or a single delivery per month if you are in our delivery area. (Package sizes for creams and inhalers may prohibit them from being part of the MedSync Program.)
- Reduced phone calls to the pharmacy – no need to call in your refills, we will schedule them automatically for you.
- Pharmacy will work ahead and call your doctor to make sure that you have refills on your medications before your next refill is due.
- Peace of mind - get all of your medications on time and in one order. Live staff members process all orders, not a computer.
- More personal contact with your pharmacy staff. A pharmacy staff member calls monthly or quarterly to discuss your medications. This should increase your understanding of your medication, its purpose and potential side effects. If you prefer, staff members can text you with this monthly update on your medication information.

Customer Authorization to Communicate Medication Information via Text

I authorize Apple Discount Drugs / Snow Hill Pharmacy and its pharmacy staff to contact me by phone or text message for my monthly medication follow ups.

YES NO (circle one) _____ (initials)

I understand that text messages and other forms of electronic communications are not guaranteed to be a secure method of communication of my private health information.

MedSync Program

I understand the **MedSync Program Advantages** and the following conditions of participation.

To achieve the maximum benefits from the service, I agree:

- To accept a phone call or *text (see above)* each month to discuss my medications.
- To allow the pharmacy to automatically refill my prescriptions each month when they are due to be refilled.
- To allow the pharmacy to fill any new medication with the number of doses to match up with the **MedSync** refill date.
- To notify the pharmacy of any changes in my therapy or new medications prescribed after doctor's appointments, hospital / urgent care visits, and any changes in my health status.
- To pick up my medications, or be available to have them delivered, within the local delivery area, on my assigned refill date.

Patient Name

_____/_____/_____
Date of Birth

Signature

Date

Referred by

Date

Please check (☑) your preference:

I prefer to be called monthly

Best Daytime Phone Number

I prefer to be texted monthly

Cellular Phone Number