

# CARE PLUS PHARMACY

1401 NORTHWEST HWY #107, GARLAND TX 75041. PH: 972-468-0001 FAX: 972-677-7403

## Patient Information form

Name \_\_\_\_\_ Male / Female

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Delivery ? Y / N . Delivery Address (If different from above):

\_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Child Proof Caps? Y / N . Blister Packs? Y / N .

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Medicare # \_\_\_\_\_

Home # \_\_\_\_\_ Cell # \_\_\_\_\_

Work # \_\_\_\_\_ Email \_\_\_\_\_

List Medication Allergies: \_\_\_\_\_

List Current Medications: \_\_\_\_\_

\_\_\_\_\_

Present Pharmacy Name and Phone Number(To Transfer Prescriptions) :

\_\_\_\_\_

Doctor's Name and Phone Number (To call for Prescriptions):

\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please Attach Insurance Information(Copies of the Insurance Card) along with this form.

**Filled Forms can be faxed (to 972-677-7403) or dropped off at the Pharmacy.**