Community Pharmacy

Simplifying Your Life

Name: _____

Date of Birth: _____ Gender: ❑ M ❑ F

SSN: _____

Address: _____

_____

Phone: Home:_____ Cell:_____

Would you like to schedule your prescriptions to be auto-filled each month?

❑ Yes ❑ No

Would you like to be notified when your prescriptions are ready?

❑ Email: _____

❑ Text: Cell Carrier? ❑ ATT ❑ Verizon ❑ Other _____

Allergies: ❑ No ❑ Yes:_____

Please submit this form and your insurance card to the pharmacy staff

RxLocal

Download our FREE RxLocal app to submit refill requests. Search "RxLocal" in the iPhone App/Google Play store.