



OPERATOR OF THESE FINE PHARMACIES



Convenience Program

We will synchronize all of your medication refills to have them ready for you at the same time every month. One of our friendly staff members will contact you to discuss your needs and schedule your medication pickup or delivery at a time convenient for you. Your pharmacist will also be available to discuss your medications, dietary supplements and immunizations that may be of benefit to you.

Patient Profile

Patient Name: _____ Gender: M F

Signature: _____

Date of Birth: _____

Address: _____

Telephone #s: (H) _____ (C) _____ Email: _____

Preferred Method of Communication: Phone Email Text

Prescription Insurance: Private Insurance Medicare Medicaid Self Pay

Drug Allergies/Type of Reaction: _____

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- Chronic Health Conditions:** Allergies Arthritis Asthma
 Depression Diabetes GERD Hyperlipidemia Hypertension
 Heart Failure Liver Dx Migraines Osteoporosis Thyroid Disease

Other: _____

“Convenience” Medication Profile

Patient Name: _____ **DOB:** _____

MEDICATION	STR	SIG	DAYS SUPPLY	NOTES

Notes/Preferences: _____