

1878 Mountain Road Stowe, VT 05672

PATIENT INFORMATION									
Check here if your patient info	ormation is alrea	dy on file	with Comm	ınity Health Pharmacy.	Dat	e of Last O	ffice Visit:		
Social Security Number:			((Optional)					
Name:							Sex:	Male	Female
Billing Address:				E-mail Address:					
City: State: Zip:			Daytime Phone:						
Check here if shipping address is the same as billing address			Evening Phone:						
				Physician Name:					
Shipping Address*: State: Zip:				,					
*Your prescription will be mailed	to the shipping	address o	n file.						
If you would like autofill, plea									
Medications being filled at other									
OTC items currently taking:	<u></u>								
DRUG ALLERGIES AND REACTIO	NS								
c :,		oderate	Severe	Anaphylaxis					
None	IVIII IVIO	Juerate	Jevere	Anaphylaxis					
Codeine	-								
Sulfa Aspirin	-								
Penicillin	-								
Other:									
Explanations or Additional Info:									
Explanations of Additional line.									
CHRONIC CONDITIONS/DISEASE	STATES								
CHRONIC CONDITIONS/ DISEASE	. STATES								
-									
-									
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INSURANCE AND BILLING INFOR									
I have no prescription drug co	verage through i	my medica	il insurance.						
I have Medicare Part D.									
I have Medicaid ID:									
I have insurance. My prescript	tion drug carrier	is:			R	k BIN:	Rx PCI	N:	
Cardholder ID:	Group ID:	:		Relationship to Card	dholder:	Self	Spouse	Child	Other
PAYMENT INFORMATION									
To process your shipping prescri	ptions quickly, pl	lease prov	ide a payme	nt method:					
I will pay by check	will pay by mone	ey order	l wi	ll pay by credit card					
Please complete credit card info		-			ion(s) will l	ao mailad to t	ha nationt by the L	moilla Haalt	h Dharmacu \
·					ion(s) will i	Je maneu to t	the patient by the La	illionie riean	.ii Filai iiiacy.)
Visa Mastercar	a	Discover	Am	erican Express					
0 10 0 14							of Responsible Party		
Credit Card Number:				Expiration Date:			MM/YYYY		
				Choolehana #! -	- با حماله	oning	it condiminates	on file	
X				Check here to de	есипе ке	eping cred	ic card number	on me.	
Signature of Card Holder									