



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: \_\_\_\_\_

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:** \_\_\_\_\_