MODERN APOTHECARY

Patient Registration

Please complete the following as accurately as possible. When complete, please email to *erinmerritt@modernapothecary.org* or fax to *(262)997-9574.*

Legal Name: _____ **Date of Birth**: _____

Address: _____

Home Phone: _____ **Cell Phone**: _____

Email: _____

May we leave a detailed message on either (please check if yes): ☐ Home ☐ Cell

Would you like to receive text message and/or email notifications: ☐ Yes ☐ No

Allergies (medications, foods, dyes, etc.): _____

_____

_____

Past Medical History:

- ☐ Asthma
- ☐ Irregular heartbeat (atrial fibrillation)
- ☐ Anxiety
- ☐ COPD
- ☐ Diabetes
- ☐ Depression
- ☐ High cholesterol
- ☐ Cancer
- ☐ High blood pressure
- ☐ Heart attack
- ☐ Insomnia (difficulty sleeping)
- ☐ GERD (acid reflux)
- ☐ Ulcers (stomach/intestine)
- ☐ Thyroid disease
- ☐ Stroke
- ☐ Other: _____
- ☐ Other: _____
- ☐ Other: _____

Insurance Information (*If possible, please provide images of front & back of card*)

IMPORTANT NOTE: Some insurance companies issue two different cards for medical and prescription benefits. The card that covers prescription medications ALWAYS has an RX Bin number somewhere on it. If you can't find an RX Bin number on your card, this means that the card you are looking at only covers your medical benefits - you will need to look at your prescription card to provide the correct information.

Insurance Name: _____
Member ID Number: _____
RX Bin Number: _____ RX Group: _____ PCN Number: _____
Provider/Service Phone Number (from your prescription insurance card: _____
If someone other than yourself is the primary cardholder, what is that person's name?_____
If someone other than yourself is the primary cardholder, what is that person's Date of Birth? _____

If you would like us to transfer your prescriptions from another pharmacy, please complete the following:

Pharmacy Name: _____ Phone #: _____

Prescription (RX) #	Medication Name & Strength	Prescriber Name & Phone Number

When will you need the next refill of the any of the above medications: _____

Are you interested in having any of your medications delivered? ☐ **Yes** ☐ **No**

If interested in deliver, a member of the Modern Apothecary staff will contact you regarding delivery options, dates, and times.

For safety purposes, we will only allow immediate family members to pick up for patients, unless we have your permission ahead of time. Please list the names of any additional people that will be allowed to pick up medications for you:

_____
_____
_____

Reminders:

- We will not be able to fill any medications prior to November 19th, 2014. If you need any of your prescriptions before then, please have the mediation filled at your current pharmacy.
- Please allow 2-3 business days for processing. If you need any of the medications sooner, please call **(262)997-9573** and speak to a member of the pharmacy staff.
- For any controlled substance prescriptions, we will need to scan the state-issued identification card of the patient and/or the person picking up the prescription.
- Controlled substances will not be filled more than 2 days before the due without prior prescriber approval.
- If prescriptions are out of refills, please allow 2-3 business days for prescriber approval. We will contact you with any delays or concerns as soon as possible.

Contact us with any questions or concerns at : (262)997-9573