



Free Drink and T-Shirt for this section!!!

1. How did you hear about us: Facebook Friend/Family Online Search Radio TV Ad Other

2. Are you interested in Medication Synchronization? Receive all your medications at the same time ever month?
 Yes No

3. How would you like your medications packaged? Bottles Bubble Pack (Helps with Compliance)

IF YOU CHECK ALL 3 QUESTIONS ABOVE, CONGRATULATIONS, YOU GET A FREE DRINK AND TEE SHIRT!!!

NEW PATIENT INTAKE FORM

Patient Full Name:

Last:	First:	MI:
-------	--------	-----

Home Address:

City: State: Zip:

Home Phone: Cell Phone: Date of Birth:

Email:

BRIEF MEDICAL QUESTION

Medication/Food Allergies:

Medical Conditions:

Regular Physician: Physician's Phone:

Would you like us to contact your current pharmacy to transfer medications? Yes No

Pharmacy: Safety (Childproof) Caps? Yes No

HOW WOULD YOU LIKE US TO CONTACT YOU WHEN YOUR PRESCRIPTION IS READY?

No Contact Necessary Phone message (Preferred #?)

Text (Who is your Carrier? Example: ATT, Verizon, Cricket, Etc.)

Sometimes, not always, a discount plan price is cheaper than insurance. May we sign you up for our discount plan? If the discount plan is less, you will be given the choice of using your insurance or the discount plan? Yes No

Signature: Date:

mm/dd/yyyy

Friendly Pharmacy: 3712-G Lawndale Dr, Greensboro, NC 27455

Phone: 336-790-7343