

Mechanicsburg Chamber Mixer 11/20/18



Off Site Customer Info Sheet

To be completed by pharmacy personnel. This completed sheet should be stapled to Informed Consent forms, and placed in a manila envelope with the pharmacist at the clinic. Immediately following the clinic, transport all paperwork directly to the pharmacy department for processing.

Date: _____ Time: _____

Location: _____

Patient Name: _____

DOB: _____

Address: _____

Phone Number: _____

Allergies: _____

Insurance Plan Name: _____

ID Number: _____

Rx Group: _____

Bin: _____

PCN: _____

Is customer primary cardholder? Y N

Name of Primary Cardholder? Spouse or Dependent
