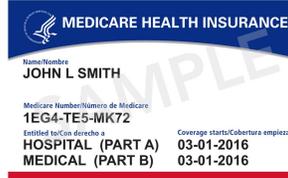




New Patient Profile



Medicare Patients Please Provide
a Copy of Your Card, Thank You!

Welcome to Middleburgh Pharmacy & Medical Supplies! The information requested below is needed to help us establish an initial record for you in our system. Our goal is to earn your trust and loyalty by providing you with excellent service, great value, and by always treating you in a professional and caring manner. If you have any questions about this form please ask a staff member. Thank you!

Last Name _____ First Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ - _____ - _____ Cell Phone _____ - _____ - _____

D.O.B. ____/____/____ Sex: F M

Email _____

I would like Rx reminders:
Text (Cell) or Email

If text, list carrier (Verizon, Sprint,
AT&T etc.): _____

Drug Allergies _____

Medical Conditions/Diseases _____

I would prefer **EZ-OFF CAPS** on my prescriptions. YES NO

(I understand that my choice may result in an increased risk of dangerous medication exposure to children and pets, and agree to hold Middleburgh Pharmacy and its staff harmless for any such exposure)

I would prefer to have **Automatic Refills** for maintenance medications. YES NO

(All Controlled substances are excluded from automatic refills)

I authorize the following persons to pick up prescriptions on my behalf:

Patient Signature _____ Date ____/____/____

(Parent/Guardian if under 18 years of age)

Where did you hear about us? _____

I acknowledge that I have received, reviewed and understand Middleburgh Pharmacy's Notice of Privacy Practices (HIPAA).

For patients with Controlled Substance Rx's: I agree to fill **ALL** of my Rx's **solely** at Middleburgh Pharmacy. I acknowledge using **multiple pharmacy locations will be recognized as Pharmacy Shopping, a Red Flag to the DEA.** I understand that Controlled Substance Rx's will be filled **ON THE DATE DUE** except for extreme circumstances, which requires prescriber and pharmacist approval. I understand that **violation of this policy may lead to my discharge from the Middleburgh Pharmacy.**

(For
Internal
Use) Data
Entry
Tech:
