

## Information Form for New Pharmacy Patients

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Prescription Number	Name and Strength of Medication	Pharmacy Name and Location	Pharmacy Phone

Cumberland County Blue Cross Blue Shield:      Yes      No

This form is for employees who have never used the Employee Pharmacy. To request the transfer of prescriptions from another pharmacy to the Employee Pharmacy, please complete this form, then take it to the Employee Pharmacy in person, along with your County ID card and County Blue Cross and Blue Shield insurance card. On the form, please specify the prescription number, the name and strength of the medication, the pharmacy's name and address, and the phone number of the pharmacy that your prescription will be transferred from. Do not fax this form to the Employee Pharmacy nor send it by first-class or interoffice mail. It must be brought into the pharmacy, personally.

New prescription hard copies must be brought into the Pharmacy for filling. The Pharmacy will not accept prescriptions that are faxed from patients. Providers may call prescriptions into the Pharmacy, fax, or send them electronically.

Employees who do not have the County's health insurance plan may use the Pharmacy but must pay out-of-pocket for their medications and may not purchase controlled substances. The Pharmacy is unable to accept any insurance except the County's Blue Cross and Blue Shield plan.