



## PHARMACY STUDENT ENROLLMENT FORM

### INSTRUCTIONS:

1. This form is for first-time UHS Pharmacy customers. Please complete a form for each family member who will utilize our services.
2. Type the information requested in the boxes provided and print the form using the print button at the bottom of the page or print a blank form and neatly handwrite the information requested.
3. Mail or fax the completed form to the address or fax number listed above.
4. If you have any prescription(s) that need(s) to be filled, please attach to the completed form and drop off or mail to the address listed above (please do not fax prescriptions) and indicate in the area provided your preference for pick-up or delivery.

### PATIENT INFORMATION:

Patient Name:

Student ID# :

Home Address:

City:

State:

Zip Code:

Local Address:

Local City:

State:

Zip Code:

Cell Phone:

Date of Birth:

Gender: Male ☐ Female ☐

Relationship to Employee: Self ☐ Spouse ☐ Child ☐

Name of Family Physician:

Known Drug Allergies: #1

#2

#3

Are you allergic to peanuts? Yes ☐ No ☐

Prescription Packaging Preference:

Safety Cap ☐

Non-Safety Cap ☐

### FOR ATTACHED PRESCRIPTIONS ONLY:

Indicate your preference for pick-up or delivery  
(Allow up to 14 business days for delivery options):

Pick-up (2 business days) ☐

Pick-up (Need today) ☐

Mail to Home Address (\$4.00 per month) ☐

### PENN STATE STUDENT HEALTH INSURANCE PLAN:

SR ID: \_\_\_\_\_

### OTHER INSURANCE PLANS:

Name of Insurance: \_\_\_\_\_

ID: \_\_\_\_\_

RX Group: \_\_\_\_\_

RX Bin: \_\_\_\_\_

RX PCN: \_\_\_\_\_