

PHARMACY EMPLOYEE/RETIREE 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: _____ CVS/Caremark ID: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

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 Employee Campus Address Mail to Home Address (\$4.00 per month)

EMPLOYEE/RETIREE INFORMATION:

PSU Employee Name: _____ PSU ID Number: _____

Work Phone: _____ Home Phone: _____ Cell Phone: _____

Campus Mailing Address: _____

If changes to the above information occur, **a new form must be submitted.**

If you have multiple forms to complete, you may use the "Reset Form" button to clear all fields.	Use the "Print Form" button to print the completed form or to print a blank copy.
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