PennState Student Affairs | University Health Services

University Health Services
202 Student Health Center
University Park, PA 16802
1-800-821-7285 (Toll Free)
814-865-9321 (Phone)
814-863-5371 (FAX)

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 ($3.00 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 thecompleted form or to print a blank copy.

RESET FORM PRINT FORM

1/29/2019