

SEIB PHARMACY NEW PATIENT FORM

When you fill out this form and return to us by e-mail, fax, or personal visit, we will contact your current pharmacy (or pharmacies) to transfer your prescriptions to the SEIB Pharmacy. Please allow 48-72 hours for the transfer to be completed. Please note that we will not automatically fill your prescriptions after they have been transferred. You will need to call us to request that these transferred prescriptions be filled. Our telephone numbers are 334.263.8460 or toll-free at 1.877.311.1368. The fax number is 334.263.8660.

We appreciate your interest in the SEIB Pharmacy.

NAME:			
Last Name		First	Middle
DATE OF BIRTH:		SEHIP CONTRACT NUMBER:	
WORK TELEPHONE NUMBER: ()		HOME TELEPHONE NUMBER: ()	
ALTERNATIVE TELEPHONE (e.g. cell): ()		SOCIAL SECURITY NUMBER:	
E-MAIL:			
HOME ADDRESS:		CITY:	STATE:
			ZIP:
WORK ADDRESS: / BUILDING NAME			ROOM #:
WOULD YOU LIKE EASY-OPEN TOPS ON PRESCRIPTION BOTTLES?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
DO YOU HAVE ALLERGIES TO MEDICINE? If yes, please list which medications.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
DESCRIBE THE TYPE OF REACTION(S) YOU HAVE HAD. _____			

MEDICATIONS CURRENTLY TAKING

Prescription Number	Medication Name	Dose/Strength	Dosing Instructions

List below any over-the-counter (non-prescription) medications you take.

List any vitamins, minerals or herbal remedies you take.

METHOD OF PAYMENT

Cash Check Visa/MasterCard Flex Spending Account Discover American Express

CURRENT PHARMACY INFORMATION

NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: () _____

STATE WELLNESS CENTER AND PHARMACY
101 SOUTH UNION STREET
MONTGOMERY, ALABAMA 36104
334.263.8460 / 1.877.311.1368
Fax: 334.263.8660