

LINCOURT PHARMACY

Fast Pak Information

Things we need to know to get you started:

1. Your Name, Address and Phone number.
2. The name and phone number of the pharmacy you currently are getting your prescriptions filled.

Pharmacy Name: _____ Phone #: _____

3. The name and/or prescription numbers of each of your medications.
4. When you currently take each medication (i.e.: 8AM, 12PM)
5. How much of your medications that you currently have left.

Medication Name	Prescription #	Times You Take	How Many Left

6. A copy of the front and back of your insurance cards.
7. Demographic information (i.e.: Address, Phone, Allergies)**

Name () - Phone Number

Address

City, State, Zip

Signature