



Pharmacy General Enrollment and Prescription Form

P: 1-844-443-6879 F: 1-844-329-2447

ePrescribe to our pharmacy at "GENTRY HEALTH SERVICES" in Medina, Ohio.

PATIENT INFORMATION

Patient Name _____
 DOB ___/___/___ SSN _____ Gender _____
 Weight _____ Height _____ Phone _____
 Address _____
 City, State, Zip _____
 Cell Phone _____ E-Mail _____

Ship to: Patient Prescriber's Office Discount Drug Mart

PRESCRIBER INFORMATION

Prescriber's Name _____
 Group Practice or Hospital Name _____
 State License# _____ UPIN _____
 DEA _____ NPI _____
 Address _____
 City, State, Zip _____
 Phone _____ Fax _____
 Office Contact Person _____
 Prescription Date _____ Date Needed _____
 Physician Signature _____
(signature and requests for brand only must be handwritten)

Prescription Insurance Information *(please provide copy of patient's insurance card with enrollment form)*

Primary Insurance Name _____	Secondary Insurance Name _____
Primary Insurance Phone _____ Group# _____	Secondary Insurance Phone _____ Group# _____
Policy Holder Name _____	Policy Holder Name _____
Policy Holder Employer _____	Policy Holder Employer _____
Relationship to Patient _____	Relationship to Patient _____
ID# _____ RxBIN _____ PCN _____	ID# _____ RxBIN _____ PCN _____

Medical Information

Description of Diagnosis _____
 Date of Diagnosis _____ ICD-9 Code _____ ICD-10 (must include after 10/1/2014) _____
 Therapy Type: New Start Restart Refill Authorization
 Latex Allergy: YES NO Medication Allergies *(please list):* _____
 Other Disease States or Comorbidities _____
 Other Medications Prescribed _____
 Additional Comments _____

Prescription Information *(if brand name is necessary, prescriber must handwritten DAW)*

Medication Name and Dosage Form	Strength	Directions	Qty	Refills

CONFIDENTIALITY NOTICE: THE INFORMATION IN THIS TRANSMITTAL IS CONFIDENTIAL AND INTENDED ONLY FOR THE RECIPIENT LISTED ABOVE. IF YOU ARE NEITHER THE INTENDED RECIPIENT NOR A PERSON RESPONSIBLE FOR DELIVERING THIS TRANSMITTAL TO THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISTRIBUTION OR COPYING OF THIS TRANSMITTAL IS PROHIBITED. IF YOU RECEIVE THIS TRANSMITTAL IN ERROR, PLEASE IMMEDIATELY NOTIFY US AND RETURN THE TRANSMITTAL TO US AT OUR EXPENSE.