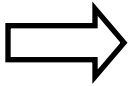


PHARMACY NEW PATIENT INFORMATION FORM



Please fax to the SHC Pharmacy: (205) 348-9850 or mail to: Box 870360 Tuscaloosa, AL 35487

1. Completed Pharmacy New Patient Information Form
2. Copy of Prescription Insurance Card
3. Student's Driver License (front & back)

Name: _____

Address (Permanent Residence): _____

Cell Phone: _____

Email: _____@crimson.ua.edu

DOB: _____ Sex: Male _____ Female _____

CWID: _____

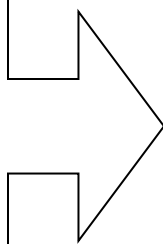
Drug Allergies: _____

Medical Conditions: _____

Do you have Prescription Insurance? Yes ___ No ___
Name of Insurance: _____
Card Holder's Name: _____
Student's Relationship to Cardholder: _____
Bin #: _____
Contract/Identification #: _____
Group #/RX #: _____
Please fax a copy of your Prescription Insurance Card to the SHC Pharmacy.

For Pharmacy questions, please call 205-348-6276

This new feature is great for out of town students to access their pharmacy records online when they are home. Students must show their ID to the pharmacy to complete sign-up.



Access your Rx information by web and mobile!

Go to our website and follow the link to online refills to sign up for a web account.

www.0127565.winrxrefill.com