



# CAMP FACE SHEET

Phone: (207) 872-7979 • Fax (207) 872-7922 • Email [winslowrx@yahoo.com](mailto:winslowrx@yahoo.com)

CAMP ATTENDING: \_\_\_\_\_

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Student Phone: \_\_\_\_\_

Allergies (If any): \_\_\_\_\_

## Insurance information

Name of Insurance: \_\_\_\_\_

ID: \_\_\_\_\_

Rx Bin: \_\_\_\_\_ Rx PCN: \_\_\_\_\_

Rx Group: \_\_\_\_\_ Pharmacy/Provider #: \_\_\_\_\_

## Payment Information

(Any private information will be stored securely at Winslow Pharmacy, and never replicated or shared in any way.)

Name on Card: \_\_\_\_\_

Credit Card #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration: \_\_\_\_/\_\_\_\_ CVV (Code on reverse): \_\_\_\_\_

\*Any **OTC items** to include: \_\_\_\_\_

\*Interested in transferring maintenance meds from another pharmacy?

Current Pharmacy: \_\_\_\_\_ Phone #: \_\_\_\_\_

Medications: \_\_\_\_\_

\*Questions on the prescribed med? Have you taken this med previously? Talk w/ Pharmacist?