PATIENT INFORMATION

LAST NAME:___________________________________

FIRST NAME:__________________________________

MIDDLE INITIAL:______________________________

DATE OF BIRTH:_______________________________

GENDER: MALE _____ FEMALE _____

PHONE NUMBER:______________________________

SECONDARY PHONE:_____________________________

Dedrick's
PHARMACY + GIFT SHOP

190 MAIN STREET · NEW PALTZ, NY 12561
P: 845-255-0310 Refills: 845-255-0313
DedricksPharmacy.com

PERMANENT ADDRESS:

____

____

____

LOCAL OR MAILING ADDRESS (IF DIFFERENT):

____

____

____

E-MAIL ADDRESS:_________________________________

WOULD YOU LIKE NOTIFICATION WHEN YOUR PRESCRIPTION IS READY?

CALL _____ E-MAIL _____

GET THE LATEST IN HEALTH NEWS, SALES AND EVENTS AT DEDRICK'S!

WOULD YOU LIKE TO JOIN OUR E-MAIL LIST:? YES ___ NO ___

MEDICATION ALLERGIES

_____	ANTIHISTAMINES	_____	ASPIRIN/NSAIDS	_____	BENZODIAZEPINES
_____	CODEINE	_____	ERYTHROMYCIN	_____	PENICILLIN
_____	SULFA MEDICATIONS	_____	TETRACYCLINES	OTHER:	______________________________
_____	NO KNOWN MEDICATION ALLERGIES				

FOR ANY ALLERGIES LISTED ABOVE PLEASE DESCRIBE REACTION (HEADACHE, RASH, HIVES.NAUSEA, ETC.)

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____

MEDICAL HISTORY OF SERIOUS ILLNESS

_____	ASTHMA	_____	ARTHRITIS	_____	DIABETES
_____	EPILEPSY	_____	HEART DISEASE	_____	HIGH BLOOD PRESSURE
_____	LIVER DISEASE	_____	OTHER: ____		

PLEASE LIST OTHER MEDICATIONS YOU ARE TAKING:

____

____

____

____

WOULD YOU LIKE TO TRANSFER MEDICATIONS FROM ANOTHER PHARMACY?

PHARMACY NAME ______________________________ PHONE NUMBER ________________________________

DRUG NAME AND PRESCRIPTION NUMBER :

____

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____ ____________________________

PATIENT (REPRESENTATIVE) SIGNATURE DATE

Information collect during this prescription interview and consultation will be kept confidential except that needed for consultation with you physician or pharmacist.

Create an account at ***DedricksPharmacy.com*** *for accessing and submitting you refill requests.*
Download our App in the ***App Store*** *or* ***Google Play***

Use Dial-a-Script to send in refill requests with your phone by dialing ***(845) 255-0313***