

Ted's Pharmacy

1866 Main Street
Haynesville, LA 71038
(318)-624-1053

PERSONAL INFO

Name: First _____ Middle _____ Last _____

Date of Birth: _____ **Phone #** _____ **Type:** Home Cell Work

Would you like to receive text message notifications when your prescriptions are ready? (circle one) **YES NO**

Address: _____ **City** _____ **State** _____ **Zip** _____

Email address: _____

SSN: _____

Driver's License #: _____

(Social Security Number and Driver's License Number are needed on file for some prescriptions; this information will NOT be sold or given to anyone outside of Ted's Pharmacy without prior-authorization and written consent from you)

Gender: (circle one) M or F

Drug Allergies: (circle one) **YES NO**

If yes, please list all known DRUG allergies below:

INSURANCE

Will you be using insurance for your prescriptions? (circle one) **YES NO**

Insurance Company: (circle one or write in below) **Medicare Medicaid Private**

Insurance Card Information:

Cardholder Number _____ **RxBin** _____

RxPCN _____ **RxGroup** _____

Red, White and Blue Medicare Card - Part B Number _____

How did you hear about us? _____

Thank you for choosing Ted's Pharmacy!