FARMVILLE FAMILY PHARMACY

1538 S. Main Street, Farmville VA 23901
P: 434.394.0113 F: 434-394-0143
www.farmvillerx.com

Student Intake Form **School Attending: HSC or Longwood**

Student Name: _____ DOB:___/___/_____ Male / Female

Student Address: _____
Street City State Zip Code

Student Phone#: ( ) ____-_____ Email:_____

How would you like to be notified when your prescriptions are ready? Text / Voice Call / Email

Allergies: _____

_____

Insurance Information

Primary: _____ Rx Bin: _____

ID #: _____ Rx Group: _____ PCN: _____

Payment Information

Card Type: _____ Card #: _____ Exp: _____ CCV: _____

Name As It Appears On Card: _____

Billing Address: _____
Street City State Zip Code

I, _____, authorize Farmville Family Pharmacy to charge my credit card above for agreed upon purchases for the above named student. I understand that my information will be saved to file for future transactions on my account.

_____ _____
Customer Signature Date

Permission to Release Information:

Farmville Family Pharmacy has permission to discuss charges and information relating to prescriptions with the following person(s):

☐Name: _____ ☐Relationship: _____

☐Name: _____ ☐Relationship: _____

☐Name: _____ ☐Relationship: _____

Student Signature: _____ Date:___/___/_____