



3272 Franklin Ave | Millbrook, NY 12545  
Phone: 845-677-3131  
Fax: 845-677-3111

## New Patient Form

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number (Home): \_\_\_\_\_ (Cell): \_\_\_\_\_

Do you require Easy Off Vial Caps? (not recommended for households with children) Yes No

Would you like us to notify you via text about your prescription(s)? Yes No

Would you like to sign up to receive our email newsletter? Yes No

If yes, please enter email: \_\_\_\_\_

List All Drug Allergies (if any): \_\_\_\_\_

Concurrent Medications (if any): \_\_\_\_\_

If you are transferring your medications from your old pharmacy, please complete the following:

Pharmacy name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Name of medication(s): \_\_\_\_\_

How did you hear about us? (optional): FAMILY FRIEND DOCTOR ONLINE OTHER

**Please present your insurance card to pharmacy staff or send a back and front copy of the card with completed form.**

**THANK YOU FOR YOUR BUSINESS!**