

KING'S DAUGHTERS PHARMACY

1905 SW H K DODGEN LOOP, TEMPLE, TX 76502

PH# 254-778-1731 FAX#254-791-2266

Patient Registration Form:

Patient Name: _____ Date of Birth: _____

Sex: **M** **F** Allergies: _____

Home Address: _____ Phone# _____

City: _____ ZIP: _____ Alt Ph# _____

Social Security Number (optional): _____

*Allows us to locate insurance information for you in the event you are unable to present an insurance card

Prescription Preferences:

Would you prefer EASY OPEN or CHILD SAFETY lids for your vials. (circle one please)

Would you like your medications you take routinely placed on automatic refill? **Y** or **N**

Would you like your prescription directions for use in Spanish? **Y** or **N**

Other information or special request(s): _____

Current Pharmacy Name and telephone _____

Medication List and RX numbers you would like for us to transfer:

Thank you for choosing to fill your prescriptions with our Pharmacy. Please present your insurance card with this completed form to the pharmacy staff to aid us in processing your prescriptions efficiently. Our pharmacy is HIPPA compliant and maintains the confidentiality of your private healthcare information. Please sign and date below to confirm receipt of privacy practice disclosure and pharmacy registration.

Patient Signature: _____ Date: _____

_____ This space for copies of applicable insurance cards _____

King's Daughters Pharmacy is a local Texas Independent pharmacy provider. The pharmacy has been proudly helping Central Texas residents stay healthy since 1961. An advantage to using a local MAIL ORDER pharmacy that also provides retail pharmacy services is you will always have the option to come to the pharmacy to pickup your prescriptions at your 90-day copayment without waiting for it to arrive in the MAIL. Just call in advance to notify our staff to hold your order for pickup. This pharmacy also provides MAIL ORDER pharmacy prescriptions for residents of Pennsylvania and is an approved MAIL ORDER 90-day fill pharmacy in many insurance networks. All prescriptions are mailed via USPS with a guaranteed 2 or 3-day mailing package with some packages arriving to Texas residents the next business day. Our pharmacy processes prescriptions in your best interest and will attempt to provide medications at the lowest price possible including attempting to locate and utilize copay savings programs from manufacturers to reduce your final cost. Please supply your PHOTO ID, insurance card (pharmacy), and payment information to provide us the opportunity to service your prescriptions. We will contact you if we are not a preferred MAIL ORDER provider in your insurance network or your copays are above the specified charge limits.

_____ **EZ OPEN LIDS (plz circle)**

Method of Payment: (Circle one)

Request High Price Alerts: Call if Copays over \$30 Call if copay over \$50 Call if over \$100

Credit Card on file:

VISA MC DISCOVER

Card Number _____ EXP _____

Name on Card _____ Sec Code _____

Billing ZIP Code _____

This form provides pharmacy necessary information to maximize the convenience of pharmacy services for you and your family. Please sign to authorize the agreement for pharmacy services by KDP and fax completed forms to pharmacy as soon as possible. Thank you.

Patient/Signature **X** _____ Date _____

Fax completed forms to (254)791-2266

For Questions call (254)778-1731