



**DELIVERY TIMES:**  
By 3:30pm (Mon-Fri)

# UMF COLLEGE STUDENT FACE SHEET

Phone: (207) 778-5419 • Fax (207) 778-5983

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address:

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

Student Phone: \_\_\_\_\_

Allergies (If any): \_\_\_\_\_

**Delivery Time is 3:30pm, Monday–Friday**

## Insurance information

Name of Insurance: \_\_\_\_\_

ID: \_\_\_\_\_

Rx Bin: \_\_\_\_\_ Rx PCN: \_\_\_\_\_

Rx Group: \_\_\_\_\_

## Payment Information

(Any private information will be stored securely at Mt. Blue Drug, and never replicated or shared in any way.)

Name on Card: \_\_\_\_\_

Credit Card #: \_\_\_\_\_

Expiration: \_\_\_\_/\_\_\_\_ CVV (Code on reverse): \_\_\_\_\_

**Additional Information**

\*Any **OTC items** to include: \_\_\_\_\_

\*Are you interested in transferring maintenance meds from another pharmacy?

Current Pharmacy: \_\_\_\_\_ Phone #: \_\_\_\_\_

Medications:

\_\_\_\_\_

\*Do you have any questions on the prescribed medication? Have you taken this medication previously? Would you like to talk with a pharmacist? Let us know!