

LENOX VILLAGE PHARMACY
RX REQUEST FORM
(413) 637-4700 (ext 116/109)

Date: _____

Name of Student: _____ DOB : _____

Home Phone: _____ Cell Phone: _____

Home Address: _____
Street City State Zip

Name of Medication/Strength:

Current Pharmacy: _____ Phone Number: _____

Prescribing Doctor: _____ Phone Number: _____

Address: _____
Street City State Zip

Allergies: _____

Calling in scripts: Y/N _____

Fax to us: Y/N (413) 637-1411 _____

E-Prescribe Y/N _____

Mail: Y/N _____

PHARMACY Insurance _____ BIN # _____

RX GROUP: _____ RX PCN: _____ ID# _____

Credit Card #(for co pay's) _____ EXP. _____ SEC. _____

Any over the counter supplements or OTC's (please give Manufacturer)
