Curative Care Center
Health Care Clinic

7455 S US HWY 1 TITUSVILLE, FL 32780
321-508-0999

Pharmacy Information

PATIENT PHARMACY INFORMATION			
PRIMARY PHARMACY:			
PHONE: _____ FAX: _____			
DELIVERY INFORMATION			
Deliver to:	☐ HOME	☐ DOCTOR (STMC)	☐ CURATIVE CARE CENTER OFFICE (ROCKLEDGE) or (TITUSVILLE)
DELIVERY REQUIREMENTS:			
FED EX: ☐ Checking this box authorizes receipt of medication in mail waiving need for signature			
Blister Pack or any other packaging requirements:			
Any callback precautions:			
Any other information: (ex. No Safety Caps)			
Please Check ALL that apply: ☐ Automatically refill my prescriptions before I run out of medicine ☐ I am interested in having the Pharmacy fill all of my medications			

I hereby authorize the Pharmacy to oversee and dispense my prescription medications as indicated above.

NAME: _____ DATE:_____

PATIENT OR GUARDIAN MUST SIGN TO ATTEST THAT INFORMATION ON THIS FORM IS CORRECT:

PATIENT SIGNATURE:_____ TODAY'S DATE: _____/_____/_____

PRACTICE SIGNATURE:_____ TODAY'S DATE: _____/_____/_____

REMEMBER TO SEND COPY OFF ALL PATIENT INSURANCE CARDS

AND SCRIPTS WITH ENROLLMENT FORMS