

STOP AND SHOP PHARMACY

416 E. Main Street Middletown CT. 06457

(P) 860-346-1779(rx dept) (F) 844-411-6437

INTAKE FORM FOR PRESCRIPTION DELIVERY TO THE WESLEYAN HEALTH CENTER

Name: _____ DOB: _____

Cell Phone : _____

Default Address: 327 High St. Middletown, CT 06459

Home Address: _____

Credit Card Number : _____

Exp Date: _____

Allergies to Medications: _____

Prescription Insurance: BIN(6 digit #) _____ PCN _____

RX Group: _____ RX ID: _____

Signature: _____

Completed forms can be brought to the pharmacy or faxed to the above number to expedite

NOTE

When your prescription has been completed you will receive a text message from us. We will then charge your credit card for the co-pay and it will be added for delivery to the Wesleyan Health Center. All deliveries will go out the next business day and will arrive at the health center sometime around 3PM.

IF you DO NOT want it delivered to the Health Center you must call us once you get the text message. We will hold your RX in the pharmacy for pick up.