

**STOP AND SHOP PHARMACY**

**416 E. Main Street Middletown CT. 06457**

**860-346-1779(rx dept) 844-411-6437 (fax)**

**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**

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**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 after 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.**

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