

Welcome to Fireside Compounding Pharmacy!

*Please Print

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Birthday: _____

How would you like to be notified that your prescription(s) are ready?

Text Cell #: () _____

Email: _____

Both

- Your contact information will **only** be used to keep you informed about your medications. It will not be used for marketing by other parties. We do not sell or share your information with anyone else.

Are you allergic to any medication? _____ Yes _____ No

If yes, please list: _____

Do you have and Insurance? _____ Yes _____ No

If yes, please present your ID card with this form at the counter.

Please let us know how you found us: (Check all that apply)

TV Commercial

Internet

Yellow Pages

Trade Show

Friend

Doctor

Thank you. We appreciate your business!