

Clinic/Patient to complete

Patient to complete

PATIENT INFORMATION					
First Name:	MI:	Last Name:			
Date of Birth:	Gender: M F TG	Social Security Number:			
Address:					Apt. #
City:	State:	Zip:			
Email:	Home Phone:	Mobile Phone:			
Principal Language Spoken:	MAR Needed	Allergies:			

SHIPPING INFORMATION			PHYSICIAN INFORMATION		
Same as Home	Other (complete fields below)		Physician 1:		
Name:			Clinic/Affiliation Name:		
Address:		City:	Phone:	Fax:	
State:	Zip:	Phone:	Physician 2:		
Special Instructions:			Clinic/Affiliation Name:		

CLINIC INFORMATION			INSURANCE INFORMATION		
Clinic Name:			Fax a copy of the front and back of prescription insurance card(s) or fill in the information below.		
Clinic Contact:			Insurance 1:		
Office Phone:	Mobile Phone:		ID #:	Phone:	
Email:			BIN #:	Group #:	

DESIGNATED CONTACT PREFERENCE			CURRENT PHARMACY		
Designated Patient Case Manager	Clinic Contact (listed above) Other (complete fields below)		Pharmacy Name:		
Contact Name:			Phone:		
Phone:	Email:		ID #:	Group #:	
			BIN #:	PCN #:	

PACKAGING			CURRENT PHARMACY		
Right-On-Time Pack (multi-med):	Weekly	Monthly	Pharmacy Name:		
Vials	Other	"RIGHT-ON-TIME PACK" AND "OTHER" ARE NOT CHILD-PROOF PACKAGING. PATIENT INITIALS:	Phone:		

MEDICATION NAME	STRENGTH	PRESCRIBING PHYSICIAN	ICD CODE/DIAGNOSIS	NEXT FILL DATE	BOCA TO FILL
					Y N
					Y N
					Y N
					Y N
					Y N
					Y N
					Y N
					Y N
					Y N
					Y N
					Y N
					Y N
					Y N
					Y N
					Y N
					Y N
					Y N
					Y N
					Y N
					Y N
					Y N
					Y N

PATIENT AUTHORIZATION	BOCA Pharmacy has been chosen by your provider to provide pharmacy services to its patients. You have a choice of pharmacies. Please check the box below, sign and date if you would like BOCA to fill your prescriptions.	
	<input type="checkbox"/> I choose BOCA to fill my prescriptions <input type="checkbox"/> I authorize BOCA to automatically refill my prescriptions <input type="checkbox"/> I choose to participate in BOCA's coordinated refill program ("Medsync")	
	Patient/Legal Guardian Signature:	Date: