

Name of Camp
Address of Camp
Phone Number of Camp (camp mother/camp nurse)

Name of Patient _____
Address of Patient _____ Zip Code _____
DOB of Patient _____
Home Phone _____ Summer Phone _____
Parent's Cell # _____ (mother) _____ (father)

Allergies _____ Prescribing MD _____

RX goes in this space

Refills _____

Insurance Information:

BIN # _____
PCN # _____
RX ID # _____
RX GROUP # _____
Pharmacy Help Desk # _____

Remedies Pharmacy

711 Bedford Avenue

Brooklyn, NY 11206

HershyDeutsch@gmail.com & KarinaPharmMed@gmail.com

T: 718-855 0214 Fax 718-855-0358

Camper/Staff Member: Last Name	First Name	Date of Birth
Address: Street	City	State
	Zip	Parent E-mail Address
Parent/Guardian Last Name	First Name	Home Phone
	July / August / Full Summer	Summer Contact Number
Cell Number	Trip attending	Allergies
	(please circle)	

Insurance Card

Front of Card

(If you have more than one insurance please include copies of all cards)

Insurance Card

Back of Card

(If you have more than one insurance please include copies of all cards)

<u>Name of Medication</u>	<u>Strength</u>	<u>Quantity/Time of Day:</u> (Please circle and fill in)
		wake-up breakfast lunch dinner bedtime other: ____ # of tabs: ____ / ____ / ____ / ____ / ____
		wake-up breakfast lunch dinner bedtime other: ____ # of tabs: ____ / ____ / ____ / ____ / ____
		wake-up breakfast lunch dinner bedtime other: ____ # of tabs: ____ / ____ / ____ / ____ / ____
		wake-up breakfast lunch dinner bedtime other: ____ # of tabs: ____ / ____ / ____ / ____ / ____
		wake-up breakfast lunch dinner bedtime other: ____ # of tabs: ____ / ____ / ____ / ____ / ____

(if there are more medication than lines provided please attach a second page)

PAYMENT: VISA AMERICAN EXPRESS OR MASTERCARD:

I hereby authorize Remedies Pharmacy to charge my credit card all co-payments associated with the medication that I order. I agree to pay for any items that are not covered by my insurance plan.

Card Holder Name	Card Number	Expiration Date / CVV Code
Card Holder Signature	Date	

Please Mail, Fax, or Email forms to the address listed above.