



Brattleboro Pharmacy

413 Canal Street
Brattleboro, VT 05301
Phone: 802.254.7777
Fax: 802.254.8444

Please take a moment to fill out this form so we can register you in the computer and contact your pharmacy or doctor to transfer any prescriptions for you.

This form may be dropped off or mailed to 413 Canal Street, Brattleboro, VT 05301
Fax directly to the store at 802.254.8444

All information provided will remain confidential. We appreciate your business.

First Name: _____ Last Name: _____

Other family members/DOB: _____

DOB: _____ Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work/Cell Phone: _____

E-Mail Address _____

I authorize the staff of Brattleboro Pharmacy to leave messages regarding my prescriptions at the above listed number (please initial) Yes, leave message _____ No messages _____

Medication Allergies (include reaction if known): _____

Other Allergies: _____

Chronic Conditions: _____

Child Resistant Caps? Yes _____ No _____ Signature _____

Insurance Name: _____ BIN Number _____

RX Group# _____ ID Number: _____

Relationship to Cardholder: _____

****Please bring your insurance card to your first visit****

If you would like us to transfer prescriptions from another pharmacy please supply the following:

Pharmacy Name: _____ Location: _____ Phone: _____

Medication Names: _____
