Garland
Independent Pharmacy

New Patient Form

Name: _____ Date of Birth: _____ M/F _____

Address: _____

Home Phone: _____ Cell Phone: _____

Drug Allergies: _____

Prescription Insurance / Medicare Part D Name: _____

Rx Group #: _____ Rx BIN #: _____ Rx ID #: _____ Rx PCN #: _____

Medicare #: _____

3641 Broadway Blvd., Suite 100 Garland, TX 75043
Office: (972) 864.1110 Fax: (972) 864.1115