Apex Care PHARMACY

3603 TAMIAMI TRAIL N,
NAPLES, FL 34103
TEL: (239) 314-7979
FAX: (239) 314-7976

NEW PATIENT FORM

PERSONAL INFORMATION

FIRST NAME _____ MIDDLE NAME _____ LAST NAME _____

DATE OF BIRTH _____

MEDICATION ALLERGIES

YES ☐ NO ☐

IF YES LIST ALLERGIES BELOW

_____

_____

_____

ADDRESS / CONTACT INFORMATION

STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____

CELL PHONE NUMBER _____

E-MAIL ADDRESS _____

TRANSFER INFORMATION

WOULD YOU LIKE TO TRANSFER PRESCRIPTIONS? YES ☐ NO ☐

PHARMACY NAME _____

PHARMACY PHONE _____

INSURANCE INFORMATION

RX BIN # _____ RX PCN # _____ RX GROUP # _____

RX ID# _____ RELATIONSHIP _____ INSURANCE COMPANY _____