

New Patient Form
DSP MedSync Strips



Dear Patient and/or Authorized Caregiver,

Delray Shores Pharmacy is pleased to offer complimentary medication adherence packaging and free home delivery as an added-value service for patients who have their prescriptions filled at our pharmacy.

THIS IS AN OPTIONAL PROGRAM AND IS OFFERED FOR YOUR CONVENIENCE. PLEASE NOTE THAT YOU HAVE THE RIGHT TO SELECT ANY PHARMACY YOU WISH.

By signing this form, I give my consent to the representatives of " _____ " to collect and disclose my personal and protected health information (PHI) to "Delray Shores Pharmacy". This information shall include, but may not be limited to, my full name, home address, contact phone numbers, date of birth, prescription insurance information, healthcare providers, drug allergies, and current medications.

Please be advised that all patients of DSP shall receive a copy of our Notice of Privacy Practices explaining in more detail how your protected health information may be used and/or disclosed. You have the right to review this prior to signing consent and at any time thereafter.

If you need more information before making a decision, please contact our pharmacy staff at 561.272.2124.

Printed Name of Patient
(or Patient's Authorized Representative)

Signature of Patient
(or Patient's Authorized Representative)

Date

First Name _____ Last Name _____

Date of Birth _____ Soc Sec # _____ Email Address _____
(M / D / Y) (Last 4 Digits only)

Primary Phone Number _____ Alternate Phone Number _____

Home Delivery Address _____ City _____ State _____ Zip Code _____

Emergency Contact _____ Relationship _____ Phone # _____

Prescription Medication Information

Name of Insurance Plan _____

Member ID # _____

BIN# _____ Group # _____ PCN # _____

Drug Allergies

Primary Care Physician _____ Phone # _____

Preferred Method of Payment: Credit Card Check Cash

Current Medications

Drug Name	Dosage	Directions/Time(s) of Dose	Qty	Prescriber Name	Use in Strips?
1. _____	_____	_____	_____	_____	<input type="checkbox"/>
2. _____	_____	_____	_____	_____	<input type="checkbox"/>
3. _____	_____	_____	_____	_____	<input type="checkbox"/>
4. _____	_____	_____	_____	_____	<input type="checkbox"/>
5. _____	_____	_____	_____	_____	<input type="checkbox"/>
6. _____	_____	_____	_____	_____	<input type="checkbox"/>
7. _____	_____	_____	_____	_____	<input type="checkbox"/>
8. _____	_____	_____	_____	_____	<input type="checkbox"/>
9. _____	_____	_____	_____	_____	<input type="checkbox"/>
10. _____	_____	_____	_____	_____	<input type="checkbox"/>
11. _____	_____	_____	_____	_____	<input type="checkbox"/>
12. _____	_____	_____	_____	_____	<input type="checkbox"/>
13. _____	_____	_____	_____	_____	<input type="checkbox"/>
14. _____	_____	_____	_____	_____	<input type="checkbox"/>
15. _____	_____	_____	_____	_____	<input type="checkbox"/>

Vitamins / Supplements / Over-the-Counter Medications

