	DOB:		
My Allergies			
] I am not allergic to anything	☐ I am allergic to some med	licines	ome foods
l have seasonal allergies (trees	s, animals, dust, weeds, etc.)	☐ I have other allergies	
What I am allergic to:	What happens:	What I am allergic to:	What happens:
MY PHARMACY Please tell us where your new PC			
Pharmacy name:			
Pharmacy name:			
Pharmacy name:			zip code
Pharmacy name:Address:numbercity		street	
Pharmacy name: Address: number city Phone number:		street state Fax number:	
Pharmacy name: Address: number city Phone number:		street state Fax number:	
Pharmacy name: Address: number city Phone number:		street state Fax number:	
Pharmacy name:		street stateFax number:	