



Chemists Inc.

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Corner of 70th and First Avenue

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Contact Person: Steven Gelwan, R.Ph.

Patient Enrollment Form

Patient Information

First Name: _____ Middle Initial: _____ Last Name: _____

Home Address: _____

Delivery Address: _____

Phone Number: _____ Mobile Number: _____ Date Of Birth: _____

Social Security Number: _____ Medication Allergies: _____

List of OTC/Herbal medications: _____

Special Instructions: _____

Medicine On Time Packaging: _____ Yes _____ No Start Date: _____

Referring Center Information

Referring Center: _____ Contact Person: _____

Phone Number: _____ Fax Number: _____

Insurance Information (if possible fax a copy of the card)

Primary Insurance (circle one): Medicaid ADAP Other: _____

Card Number: _____ Group Number: _____

Secondary Insurance Name : _____

Card Number: _____ Group Number: _____

Sequence Number/Person Code: _____