



# College Pharmacy Patient Prescription Registration Form

03/2018 Must Complete Form Entirely. Existing customers, please do not write "same" in the fields. Incomplete forms may delay your order.

## CUSTOMER INFORMATION:

Registration Date: \_\_\_\_\_

Full Name: \_\_\_\_\_ Male / Female Date of Birth: \_\_\_\_\_

Patient Street Address (No PO Boxes) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (W / Cell) \_\_\_\_\_ Email \_\_\_\_\_

Allergies: \_\_\_\_\_ Medical Conditions / Disease: \_\_\_\_\_

How would you like to be notified that your Rx is ready for pick-up? (Circle one) Text Email Telephone

### Custom Compounded & Special Order Prescription Policy & Authorization

The prescription that you are filling with College Pharmacy is a custom compounded formulation that is being prepared for you per a healthcare practitioner prescription. When you fill a prescription with College Pharmacy, you are not only purchasing a compounded preparation, but a very specialized service as well. Your prescription is being compounded for you by a team of specially trained compounding technicians and pharmacists with specialized equipment, and is being processed by a specially trained staff of customer service operators. For this reason, we do require a credit card on file in the event that you fail to pick-up your prescription after 10 business days following notification by College Pharmacy.

Quality Ingredients, Time, Knowledge: These are what we use to prepare your custom compounded prescription. By authorizing College Pharmacy to fill your prescription per this form, you are both ordering and purchasing a preparation and service that requires payment in full whether or not you choose to pick-up your finished prescription. Per a customer request, we may fill a commercial product prescription that we do not normally stock. In these "Special Order" scenarios, our Custom Compounded Prescription policy applies. **Cash / Credit Customers:** If you fail to pick-up your compounded prescription or special order after 10 business days following notification by College Pharmacy, we will charge your credit card the full amount of your prescription. If your credit card is declined, we will invoice you for the full amount of your compounded prescription or special order. You will not be able to fill a prescription with us in the future until the amount due is paid in full. **Insurance / 3rd Party Payor Customers:** If you fail to pick-up your compounded prescription or special order after 5 business days following notification by College Pharmacy, we will ship your prescription to you and charge your credit card the appropriate shipping fee.

We regret that we cannot accept returns on any custom compounds or commercial prescription products. State regulations prohibit the return and resale of such items. We encourage chemically sensitive patients to discuss any problems with their healthcare practitioners and thoroughly inquire about ingredients before filling a prescription with College Pharmacy. You also may request smaller quantities of new prescriptions until you are sure the medication can be tolerated. If there are any concerns, please call the Customer Service Department at (719) 262-0022 or (800) 888-9358 within 24 hours of receiving your order.

College Pharmacy accepts the following forms of payment: cash, credit cards (Visa, Mastercard, American Express, Discover). We do not accept checks.

- I understand that my custom compounded prescription / special order costs: \$ \_\_\_\_\_ (initial): \_\_\_\_\_
- I understand that I am responsible for the payment of my custom compound / special order. (initial): \_\_\_\_\_
- I understand that accepted forms of payment are cash or credit card. Checks are not accepted. (initial): \_\_\_\_\_
- I understand that my credit card on file will be charged the full amount of my custom compound / special order should I fail to pick it up within 10 business days of initial notification by College Pharmacy. (initial): \_\_\_\_\_
- I understand that my prescription will be shipped to me and my credit card on file will be charged the appropriate shipping fee should I fail to pick-up my prescription within 10 business days of initial notification by College Pharmacy. (initial): \_\_\_\_\_
- I understand that College Pharmacy does not accept returns of custom compounded prescriptions or commercial prescription products. (initial): \_\_\_\_\_

Print Full Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

### Credit Card On File

CC# (M/C, Visa, AMX, Discover) \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name on the Credit Card \_\_\_\_\_ DL# \_\_\_\_\_

Credit Card Billing Address \_\_\_\_\_