



Millersville University new pharmacy patient form. Please print clearly.
 Once complete, fax this form to 717-394-4566. Please Do NOT fax your prescription.

Millersville University Student Name: _____ Date of Birth _____

Home Address: _____

City, State, Zip Code: _____

Local Phone#: _____

Home phone#: _____

Medications Requested to be filled _____

Some OTC Medications may also be delivered _____

Medication Allergies: No Known Drug Allergies

Prescription Insurance:

Name of Insurance: _____

RX Bin#: _____ RX PCN#: _____

RX Group: _____ ID# _____

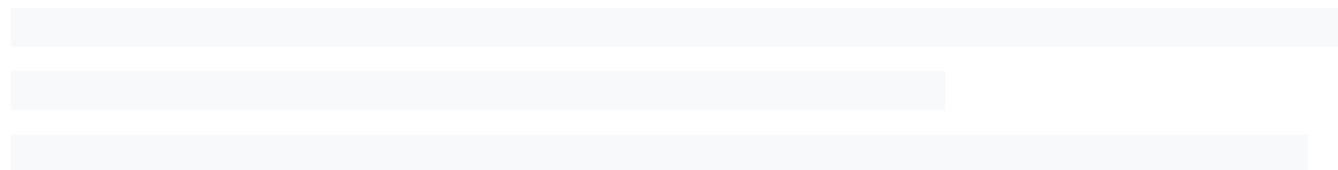
Credit card# _____ exp _____ cvv _____

(if you prefer you may provide credit card info to us by phone after this form is faxed)

Please Have your prescriber send you prescription electronically to
 Altruix Retail (Ganse Apothecary) 355 W King St., Lancaster, Pa 17603

NPI# 1598375875 Phone: 717-394-5671 | Fax: 717-394-4566

Prescribers may fax certain prescriptions depending on State and Federal laws. Electronic prescriptions are preferred.



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