

Ed's Pharmacy

3740 Cartwright Rd
Missouri City, TX 77459
(281) 499-4555
Fax: (281) 499-7088

Pharmacy Agreement Form as of 01/01/2011

Patient Information

PLEASE PRINT CLEARLY

Patient Name _____ Date of Birth _____

Personal Care Facility _____

PHARMACY insurance _____ Group _____

ID _____ ***Copy of the Card is Also Needed for Our Records

Texas Drivers License Number or Identification number _____

Responsible Individual Information

Name _____ Relationship to Patient: _____

Address _____

Telephone: Home _____ Work _____ Cell _____

Texas Drivers License Number or Identification number _____

Payment Plans

Ed's Pharmacy can bill a major credit card that is kept on file.

Credit Card Option: Card # _____ Exp _____
(if paying by Credit Card Plan)

Agreement

I acknowledge that I am the responsible individual for the patient listed above, and I agree that Ed's Pharmacy may contact me to obtain needed information. I grant permission for Ed's Pharmacy to charge my account for prescriptions and health care items ordered for the patient by the patient's personal care facility, and I agree to pay for such reasonable charges.

Signature: _____ Date: _____