



DELIVERY TIMES:
 12:30pm (Tues & Thurs only)
 4:20pm (Mon–Fri)

COLBY COLLEGE STUDENT FACE SHEET

Phone: (207) 872-7979 • Fax (207) 872-7922

Full Name: _____ Date of Birth: ____ / ____ / ____

Address: _____

Student Phone: _____

Allergies (If any): _____

Delivery Time is 4:30pm, Monday–Friday

Insurance information

Name of Insurance: _____

ID: _____

Rx Bin: _____ Rx PCN: _____

Rx Group: _____ Pharmacy/Provider #: _____

Payment Information

(Any private information will be stored securely at Oakland Pharmacy, and never replicated or shared in any way.)

Name on Card: _____

Credit Card #: _____ - _____ - _____

Expiration: ____ / ____ CVV (Code on reverse): _____

*Any **OTC items** to include: _____

*Interested in transferring maintenance meds from another pharmacy?

Current Pharmacy: _____ Phone #: _____

Medications: _____

*Questions on the prescribed med? Have you taken this med previously? Talk w/ Pharmacist?