



CAMP FACE SHEET

Phone: (207) 465-4440 • Fax: (207) 465-3414 • Email: oakstore@savagesdrug.com

CAMP ATTENDING: _____

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

Address: _____

Student Phone: _____

Allergies (If any): _____

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?