

Foster's Eastside Pharmacy  
1451 Yaeger Road Suite 1H  
Mount Vernon, OH 43050  
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[eastside@fostersrx.com](mailto:eastside@fostersrx.com)



## Kenyon Student Health Center Patient Information and Delivery Agreement

**\*PLEASE PROVIDE A COPY OF PRESCRIPTION INSURANCE CARD\***

PLEASE WRITE LEGIBLY IN THE AREA BELOW!

Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ M F  
Kenyon Address/PO Box: \_\_\_\_\_ Parents Phone Number: \_\_\_\_\_  
Home Address and Zip Code: \_\_\_\_\_  
Student Phone Number: \_\_\_\_\_ Cellphone Carrier: \_\_\_\_\_  
Student Email address: \_\_\_\_\_ Drug Allergies: \_\_\_\_\_

Do you want to be enrolled in our auto-refill program (only for non-controlled medications)? \_\_\_\_\_ YES \_\_\_\_\_ NO

I, \_\_\_\_\_ (student name) agree to have Foster's Eastside Pharmacy fill and arrange for shipment of my prescriptions to my Kenyon College mailing address. I agree to cover all prescription cost/copays and delivery charges. I am the carrier of the above stated cellphone number.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

### Credit Card Authorization

Visa  MC  AMEX  Discover

Card Number \_\_\_\_\_ Expiration \_\_\_\_\_ Security Code \_\_\_\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

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### HIPAA COMPLIANCE

Unless otherwise authorized in writing by the patient, protected health information will only be used to provide treatment, to seek insurance payment, or to perform other specific health care operation.

**This form and more information can be found at our website [www.fostersrx.com](http://www.fostersrx.com).**