

PHARMACY DATA SHEET

This information will help us streamline your care by providing electronic prescriptions when available.

Patient Name:		Date of Birth:
Do you have a pharmacy benefit?	☐ Yes – complete sections 1, 2 a☐ No – complete sections 2 and	
Section 1 – Pharmacy Benefit		
Your Pharmacy Carrier is:		
☐ Medco ☐ Caremark ☐ Cigna ☐ Aetna ☐ Other – please indicate:		
Name of Primary Insured for Pharmacy Benefit:		ID#:
Section 2 – Preferred Pharmacy		
If you have a preferred or local pharmacy for your general medications, please provide the following information. If you indicate a large brand store such as Duane Reade, CVS, Walgreens, ShopRite, etc. – you must indicate the store number (for example, CVS #2254) as well as the address.		
Pharmacy:		Store #:
Street Address:		
City:	State:	Zip Code:
Telephone:	Fax:	
Section 3 – Specialty Pharmacy		
If you have fertility medication coverage, please indicate the specialty pharmacy required by your insurance carrier. In non-mandated situations, we prefer you use a pharmacy that has extensive experience in fertility medications. Specialty pharmacies can be found on our pharmacy list and include Apthorp, Kings, Metro Drugs, Kraupners and others. Specialty pharmacies also participate in savings programs for self-pay/cash patients.		
Pharmacy:		Store #:
Street Address:		
City:	State:	Zip Code:
Telephone:	Fax:	
NYULFC use only – Entered by:		Date: