

PHARMACY PRESCRIPTION CARD INFORMATION

Patient Name: _____
Last First Middle

Clemson ID Number (if applicable): _____ Date of Birth: _____ Student Phone: _____

List any Drug or Food Allergies: _____

PHARMACY PRESCRIPTION CARD INFORMATION

Please complete the sections below regarding your current prescription insurance coverage. Please fax the information to Redfern Health Center at 864-656-2500, bring the completed form to New Student Orientation or mail to the Redfern Health Center Pharmacy at the address below. If you have any questions or concerns, please call 864-656-3562.

PHARMACY INSURANCE INFORMATION (MAY BE ALL NUMBERS, ALL LETTERS OR COMBINATIONS OF NUMBERS AND LETTERS)

ID/Member ID: _____
(Front of card)

RX BIN: _____
(Front of card)

RX PCN: _____
(Front of card, but not found on all cards)

RX Group: _____
(Front of card)

Insurance Company Phone Number (Toll Free Number for Pharmacy Help Desk): _____
(Back of card)

Primary Insurance Member's Home Zip Code: _____

I give Redfern Health Center Pharmacy permission to contact me via cell phone should the need arise for medical purposes and/or to notify me when my prescriptions are ready.

Student Cell Phone Number: _____ Signature: _____ Date: _____

Download the MobileRx Pharmacy  app from the Google Play Store or the Apple App Store.



Please visit our website at clemson.edu/studenthealth.