



RESIDENT INFORMATION FORM FOR ROTZ PHARMACY

1. Complete Page 1 AND Page 2.
2. Attach written prescriptions from the doctor.
3. Attach clear copies of applicable insurance cards (front AND back).
4. Mail to Rotz Pharmacy one week prior to Timber Ridge School arrival.

Resident Name: _____

Date of Birth: _____ SSN: _____

Location – Intake Unit: _____

List All Drug Allergies: _____

List Current Diagnoses/Major Medical Conditions: _____

Current Medications: Please provide a list of all medications the student is to receive at the time of his admission to Timber Ridge School. This includes PRN (occasional-as-necessary) AND over-the-counter medications. Please attach written prescriptions from the doctor for each medication.

List Medication Name, Strength & Directions: _____

Rotz Pharmacy – 1338 Amherst Street – Winchester, VA 22601
Fax: 540-665-2060 – Voice Message: 540-662-8312



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Insurance Policy Holder Information

(Please print or type)

Primary Insurance

Last Name: _____ First: _____ Middle Initial: _____

Social Security No.: _____ Birth date: _____

Street or P.O. Box Address: _____

City: _____ State: _____ Zip: _____

Home Phone No.: _____

Work Phone No.: _____ Cell Phone No.: _____

E-Mail: _____

Insurance Card: ID No.: _____ Group No.: _____
(Attach card copy front AND back)

Secondary Insurance

Last Name: _____ First: _____ Middle Initial: _____

Social Security No.: _____ Birth date: _____

Street or P.O. Box Address: _____

City: _____ State: _____ Zip: _____

Home Phone No.: _____

Work Phone No.: _____ Cell Phone No.: _____

E-Mail: _____

Insurance Card: ID No.: _____ Group No.: _____
(Attach card copy front AND back)