

Name: _____ DOB: _____

Address: _____

Phone: _____ Email: _____

Parent/Guardian Name: _____

Race:

- 1002-5 (American Indian or Alaska Native)
- 2028-9 (Asian)
- 2076-8 (Native Hawaiian or Other Pacific Islander)
- 2054-5 (Black or African American)
- 2106-3 (White)
- 2131-1 (Other Race)
- UNK (Unknown)

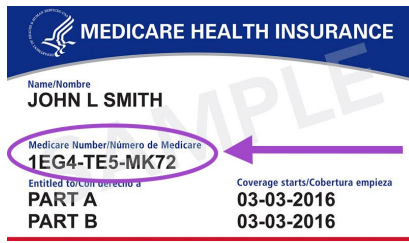
Ethnicity

- 2135-2 (Hispanic or Latino)
- 2186-5 (Not Hispanic or Latino)
- UNK (Unknown ethnicity)

Gender

- M (Male)
- F (Female)
- U (Unknown)

Over 65 years old? YES NO IF YES, MEDICARE NUMBER IS MANDATORY



Medicare # : _____

Prescription Insurance Carrier

CVS Caremark MEDCO UNITED AETNA OTHER: _____

Name on Card: _____

ID #: _____ PCN: _____

RX BIN #: _____ RX Group: _____

UNINSURED?

SS# _____ OR

Driver's License # _____ State Issued: _____