

Patient Information:Student Name: _____
Last First MI

Student ID: _____ Student Insurance? _____

Date of Birth: _____ **Gender at birth ___ Male ___ Female

**Required for insurance purposes

Medication Allergies: _____

Home Address and Zip Code: _____

Student Cell Phone: _____

Name of Previous Pharmacy: _____

Phone Number of Previous Pharmacy: _____

Prescription Insurance Information:

Name of Carrier: _____

BIN Number: _____ PCN Number _____

ID Number: _____ RX Group Number _____

Person Code: _____ Relationship to cardholder _____

*******Please provide a copy of the front and back of the Rx Insurance Card.**
Not doing so can cause serious delays*****

Credit Card Information

Name on Card: _____

Card Number: _____

Expiration Date: ____/____ CVC _____

Cayuga Employee/Outpatient Pharmacy

101 Dates Drive 2nd Floor

Ithaca, NY 14850

Ph. 607-274-4385

Fax: 607-252-3008

Mon-Fri 7am-5pm

Saturday 7am-3pm

Closed for lunch daily 12:30 pm- 1pm

Authorization for the Release of Medication

I authorize Cayuga Medical Center to release my prescription medication to the Cayuga Health at Ithaca College Student Health Services. The IC Health Center will hold my prescription until I pick it up or for 5 days, whichever is less.

Cayuga Medical Center is unable to take prescription medication back once it has been released to Student Health Services.

Patient Information: (please print clearly)

Name: _____

Date of Birth: _____

Student ID Number: _____

Contact Information:

Cell Phone Number: _____

Email: _____

Signature

Date