



New Student Form

Wegmans Pharmacy #071
500 South Meadow Street
Ithaca, NY 14850
Phone: 607-277-1772
Fax: 607-277-5890

Email: pharmacy.store071@wegmans.com

Patient Information:

Student Name: _____
Last First MI

Student ID _____ Student Group Insurance? _____

Date of Birth: _____ Gender: male female

Medication allergies: _____

Home Address: _____

Student Cell Phone: _____

Insurance Information:

Name of carrier: _____

ID number: _____

Bin number: _____

PCN number (if provided): _____

Group number: _____

Relationship to cardholder: _____

Person code: _____

*****Medications will be delivered to the Health Center unless noted otherwise*****

*****Please provide a copy of the front and back of the Rx Insurance Card*****



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Authorization for the Release of Medication

I authorize Wegmans Food Markets, Inc. to release my prescription medication to the Ithaca College Hammond Health Center. The Health Center will hold my prescription until I pick it up or for 10 days, whichever is less.

Wegmans Pharmacy is unable to take prescription medication back once it has been released to the Health Center.

Patient Information: (please print clearly)

Name _____

Date of birth _____

Student ID Number _____

Contact Information:

Student Cell Phone Number _____

Email _____

Signature:

X _____
Date