

# PollyPouch

Packaging Offered to Lighten the Load for You Sign Up Sheet

#### You'll Need:

- Your contact information
- Your insurance card
- A list of your current medications, vitamins, and other pharmacy items
- Credit card or HSA card on file for co-pays & vitamin cost.

### How Can We Help You:

Our PollyPouch advisors are available to help you get started.

**Call us at (704)-735-2551** or Return this form via fax, email or US mail to Sentry Drug Center 2622 east Main St. Lincolnton, NC 28092. 704-735-6222 fax <u>sentry@sentrydrug.com</u> e-mail

## About You:

Your Name	Phone #	Date of Birth
Insurance ID Number	Your Doctor(s) and Phone N	lumbers
Rx BIN Rx Group		
RxPCN	Current Pharmacy and Phor	ne Number
Insurance Phone Number		

#### **Your Medications:**

Drug Name	Dose	Directions: When to	Form	Ordering Physician
		Take (am,noon,pm,bed)	(tab, cap)	