



Palmetto Family Pharmacy

How did you hear about Palmetto Family Pharmacy?

Name: _____ M/F: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ DOB: _____

Spouse: _____ DOB: _____

Child: _____ DOB: _____

Child: _____ DOB: _____

Child: _____ DOB: _____

Would you like Automatic Refills for your prescriptions? Y or N

Child-Proof caps: Y or N

Medication allergies: _____

Signature: _____ Date: _____