Women's International Pharmacy

Customer Information Form

Women's International Pharmacy recognizes the importance of keeping your information up to date so that our staff can provide you the best quality service and care. Please complete this form and return it at your earliest convenience. This form is also available online at womensinternational.com. Be assured that this information will remain confidential.

Name: _____
First M.I. Last

Street Address: _____

City: _____ State: _____ Zip Code:_____

Date of Birth: _____ Gender:_____

Driver's License Number: _____
(Required by law in some states.)

Phone: (Home): _____ (Cell): _____

(Work):_____ Email Address: _____

Health Information

Please provide the following information to ensure quality service and care.

Allergies: _____

_____

Conditions (e.g., Heart Disease, Diabetes, etc.): _____

_____

Other Medications and/or Supplements: _____

_____

_____

(Over)

Women's International Pharmacy
P: 800.279.5708 | F: 800. 279.8011
info@womensinternational.com | womensinternational.com

Non-Safety Cap Option

Women's International Pharmacy requires a signature to have non-safety caps placed directly on all of your prescription vial(s).
(You may change your mind about the use of such packaging at any time. Please contact the pharmacy should your packaging preference change.)

Yes, I would like a non-safety cap placed on **ALL** of my prescription vials.

_____ _____
(Your signature) *(Date)*

Additional Services

Automatic Mail Service / Auto Ship

- At your request, we can send your refills automatically. Please contact a pharmacy technician for more details.

Refill Services

- Online Prescription Refills – www.womensinternational.com
- Mobile App Prescription Refills – Available on Apple and Android

Credit Card on File

- Payment is required at the time of the order. We offer a convenient payment plan. Just complete the information below and we will retain this information on your file.

- When you or your practitioner requests an order, your Debit/Credit Card will automatically be charged.

□ MasterCard □ Visa □ American Express □ Discover

Number: _____Exp. Date: _____

Signature: _____

2 Marsh Court Madison, WI 53718 *12012 N. 111th Ave. Youngtown, AZ 85363*

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