



Date: _____

NEW RETAIL CUSTOMER

Customer Name: _____

Address: _____

Customer Type (check one): Resident of Delmar Gardens Villa
 Employee of Delmar Gardens

I authorize Corum to deliver my prescription to the following Delmar Gardens location (place of residence or place of employment): _____

***Please note: for Villa residents, medications will be delivered and signed for by the front desk.*

DOB: _____ Sex: _____ Phone #: _____

Allergies: _____

SSN: _____ Safety Caps: YES NO

Please fax a copy of your insurance card to Corum (636-733-7334).

The billing statement should be sent to: The Customer Other (information below)

Bill to: _____ Relationship: _____ Phone #: _____

Billing address: _____

Additional family members who will be filling medications with Corum:

Name: _____ DOB: _____ Sex: _____

Allergies: _____

Name: _____ DOB: _____ Sex: _____

Allergies: _____