CareFirst Specialty Pharmacy
2200 Garry Road Suite 1
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Fax: 856-267-0529 / Toll Free: 844-922-7379
E-mail: info@cfspharmacy.com
www.cfspharmacy.com

Patient Registration Form

Name: _____

Mailing Address: _____ _____ _____ _____
Street City State Zip

Shipping Address: (if different) _____ _____ _____ _____
Street City State Zip

Phone: _____ Fax: _____ Email: _____

Please list any known allergies/medical conditions: _____

Please list any medications that you are taking:

_____

Medication(s)/Compounded Medication(s) you would like us to help you with. Please list.

_____

Has your doctor prescribed compounded medications for you in the past? ◯ Yes ◯ No

Your Doctor's Information

_____ _____ _____ _____
Prescriber's Name Phone Fax Email

How did you hear about CareFirst Specialty Pharmacy?

◯ Referral ◯ Website ◯ Mailer ◯ Sales Team ◯ Other _____

Other Comments: _____

Shipping Terms: Please call us or visit our website for up to date shipping information and promotions. Orders placed after 4pm EST will be processed the next business day. Compounded medications may require additional processing time.

Returns: At CareFirst we value your business and do what we can to keep our patients satisfied. We will return products received in error or damaged in shipping. Please notify us within 10 days of receiving the shipment regarding a return request. All medications returned to CareFirst Specialty pharmacy must be authorized prior to returned shipment. All unauthorized returns will be discarded and the product will not be credited. Under certain circumstances we will not be able to accept returns due to rules and regulations including but not limited to: Control substances, Hazardous materials, sold on a non-returnable basis, expired product, products damaged, soiled or adulterated, refrigerated or frozen products.

Thank you for choosing CareFirst Specialty Pharmacy

Please Fax completed form to (844) 922-7379 or e-mail to info@cfspharmacy.com