



39 Lower Main Street
Callicoon, NY 12723

New Patient Setup Form

>> Please complete and return this form via fax or email to Riverside Remedies for any new patient or existing patient with updated information. If you have any questions, comments, or concerns regarding the prescription medication process, please do not hesitate to contact us!

Patient Information		
Name	Last	
	First	
	MI	
Date of Birth (MM/DD/YYYY)		
Home Address	Street	
	City	
	State	
	ZIP	
Telephone	Home	
	Mobile	

Prescription Insurance Information	
Company Name	
Rx BIN	
Rx Group	
Rx PCN	
ID Number	

- Please note that your prescription insurance numbers are often different than your medical insurance numbers. We require **all four numbers** (BIN, Group, PCN, and ID) to successfully process insurance claims. Failure to provide accurate insurance information may result in the prescription being filled for cash.
- Your child's prescriptions may be sent to us from his or her physician electronically (by fax or e-Script), via telephone, or mailed by US Post or UPS.

<p>Medication Allergies: Please describe the agent, type of reaction, and severity.</p>	
---	--

Pharmacy Contact

Telephone: (845) 887 - 3030
 Confidential fax: (845) 887 - 3179
 Confidential email: RiversideRemedies@Gmail.com
 Store Hours: Weekdays 8:30 am to 6:00 pm; Saturdays 9:00 am to 3:00 pm