

Smithgall's Pharmacy: Your Full-Service Pharmacy Experts

Please print clearly
Once complete, fax this form to 717-392-4433

Millersville University Student Name: _____ Date of Birth _____

Home Address: _____

City _____ State _____ Zip Code: _____

Local Phone/Cellphone: _____

Home Phone: _____

Medications Requested to be filled _____

Medication Allergies: _____

☐ No Known Drug Allergies

Prescription Insurance Information:

Name of Insurance: _____

RX Bin: _____ RX PCN: _____

RX Group: _____ D# _____

Credit Card# _____ Exp _____ CVV _____

(if you prefer, you may provide credit card information to us by phone after this form is faxed)

Please have your prescriber send your prescription electronically to:

Smithgall's Pharmacy
536 W Lemon St
Lancaster PA, 17603
Phone: 717-397-6218 | Fax: 717-392-4433
NPI: 1396505822

ALL PRESCRIPTIONS WILL BE DELIVERED TO MILLERSVILLE UNIVERSITY HEALTH SERVICES, LOCATED IN LYLE HALL, 2ND FLOOR (40 DILWORTH RD, MILLERSVILLE, PA 17551).

A PHOTO ID IS REQUIRED FOR PICK UP. MOST PRESCRIPTIONS WILL BE DELIVERED THE NEXT DAY.

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