

### PHARMACY PRESCRIPTION CARD INFORMATION

Patient Name: \_\_\_\_\_  
Last First Middle

Student ID Number (PeopleSoft): \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Student Phone: \_\_\_\_\_

List any Drug or Food Allergies: \_\_\_\_\_

Please complete the sections below regarding your current prescription insurance coverage. Fax the information to the **UH Health Center Campus Pharmacy at 713-743-3971** or bring the completed form to the address below. **If you have any questions or concerns, please call 713-743-5125.**

#### PHARMACY INSURANCE INFORMATION (MAY BE ALL NUMBERS, ALL LETTERS OR COMBINATIONS OF NUMBERS AND LETTERS)

ID/Member ID: \_\_\_\_\_  
(Front of card)

RX BIN: \_\_\_\_\_  
(Front of card)

RX PCN: \_\_\_\_\_  
(Front of card, but not found on all cards)

RX Group: \_\_\_\_\_  
(Front of card)

Insurance Company Phone Number (Toll Free Number for Pharmacy Help Desk): \_\_\_\_\_  
(Back of card)

Primary Insurance Member's Home Zip Code: \_\_\_\_\_

I give the UH Health Center Campus Pharmacy permission to contact me for medical purposes and to notify me when my prescriptions are ready.

Student Cell Phone Number: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Download the **Mobile Rx** Pharmacy app from the Google Play or Apple App Store for easy refills!



Please visit our website at <http://www.uh.edu/healthcenter>