

Home Delivery Pharmacy Registration Form



Please use this form to register, add dependents, or update information. Send completed form to HealthDyne, P.O. Box 90369, Lakeland, FL 33804.

Insurance Cardholder Information

Last Name		First Name		Mid Initial	Date of Birth
Billing Address		City		State	Zip Code
Shipping Address (Same as Billing Address)		City		State	Zip Code
Home Phone		Cell Phone		Email Address (to receive information about your prescription orders)	
Group Name (Primary)		Group Name (Secondary)			
Group ID#		Member ID#		Group ID#	
				Member ID#	

Allergies and Health Conditions

For your safety, HealthDyne requires allergy and health condition information for you and your dependents before dispensing medication. Please enclose additional family member information on a separate piece of paper.

Cardholder Information		Dependent Information		Dependent Information	
First and Last Name:		First and Last Name:		First and Last Name:	
		Relationship to Cardholder:		Relationship to Cardholder:	
Date of Birth:	Male Female	Date of Birth:	Male Female	Date of Birth:	Male Female
Drug Allergies	Health Conditions	Drug Allergies	Health Conditions	Drug Allergies	Health Conditions
No Known	No Known	No Known	No Known	No Known	No Known
Amoxicillin	Asthma	Amoxicillin	Asthma	Amoxicillin	Asthma
Aspirin	Bleeding Disorder	Aspirin	Bleeding Disorder	Aspirin	Bleeding Disorder
Cephalosporins	COPD	Cephalosporins	COPD	Cephalosporins	COPD
Codeine	Depression	Codeine	Depression	Codeine	Depression
Erythromycin	Diabetes	Erythromycin	Diabetes	Erythromycin	Diabetes
Penicillin	GERD/Ulcer	Penicillin	GERD/Ulcer	Penicillin	GERD/Ulcer
Sulfa	Heart Disease	Sulfa	Heart Disease	Sulfa	Heart Disease
Tetracyclines	High Cholesterol	Tetracyclines	High Cholesterol	Tetracyclines	High Cholesterol
Other* (List below)	Hypertension	Other* (List below)	Hypertension	Other* (List below)	Hypertension
	Liver Disease		Liver Disease		Liver Disease
	Renal Disease		Renal Disease		Renal Disease
*Please specify patient and other drug allergies:					

Medication Preference: HealthDyne will substitute generic equivalent drugs for brand medications ordered if available and permitted by your doctor. A generic drug has the same effectiveness, quality, safety, and strength, as confirmed by the FDA. Please indicate your preference for brand or generic drugs. If no box is checked, HealthDyne will substitute generic drugs.

Substitute generic drugs if available and permitted by my doctor.

I want to receive brand medications only. I understand that brand medications may be more expensive.

Signature	Date
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