





510 Burkesville St, Suite 1  Columbia, KY 42728
Phone (270) 384-9999  Fax (270) 384-2133

We appreciate your business!

Please take a moment to fill out this form so we can register you in the computer and contact your pharmacy or doctor to transfer any prescriptions for you. All information provided will remain confidential.

First Name _____ MI _____ Last Name _____ Sex M ___ F ___

DOB _____ SS#(DL# if no SS#) _____ (required for certain prescriptions)

Street Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

Which phone number is best to reach you? _____ I authorize the staff at Adair Drug to leave messages regarding my prescriptions at this number. Signature _____

Medication Allergies (include reaction if known) _____

List all serious illnesses or medical conditions _____

We are required by law to dispense your prescriptions with child resistant caps, unless you request otherwise.

Child resistant caps? Yes _____ No _____ Signature _____



I authorize the following people to pick up my prescriptions _____

Primary Care Physician _____ Phone _____

Please bring your insurance card to your first visit

Insurance Name _____ Phone _____

ID# _____ Group# _____ Relationship to Cardholder _____

 *If you would like us to transfer prescriptions from another pharmacy please supply the following* 

Pharmacy Name _____ Location _____ Phone _____

Medication Names (including Rx number) _____

Signature _____ Date _____