

Wegmans Pharmacy #162

650 Hylan Drive

Rochester, NY 14623

Phone: 585-424-7350

Fax: 585-424-7540

Email: Pharmacy.Store062@wegmans.com

In the event of an emergency, please do not use email.



Patient Information (please print clearly)

Student Name

Last First MI

Gender Female Male

Date of Birth

Month Day Year

Medication Allergies _____

Home Address (For insurance purposes)

Street

City

Preferred Contact Information

Cell Phone Number

email (if hearing impaired only)

Insurance Information

Name of Insurance

Member/ Subscriber ID Number

RX Bin Number

RX PCN Number (if Provided)

RX Group Number

Member/Pharmacy Services number on back of insurance card