



At PMC

Phone: (970) 878-9797 Fax: (970) 878-9713  
100 Pioneers Medical Center Drive  
Meeker, CO 81641

May 4, 2022

Dear Neighbor:

Meeker Drugs at PMC is getting started and I am so excited to serve you and your family. I wanted to write a letter of introduction so that you would be able to get to know me in advance of coming into the pharmacy.

My family and I have relocated from Colorado Springs. We have enjoyed the warm welcome we have been privileged to receive from everyone we have met.

I have a Doctor of Pharmacy degree from Creighton University in Omaha. My more than six years of experience in community pharmacy have equipped me well to meet your needs. As part of my responsibilities, I have processed prescriptions, counseled patients, increased patients' access to medications, provided over-the-counter medications, developed smoking cessation programs, immunization programs, and diabetes education programs. I have managed pharmacy staff to ensure compliance.

I am eager to partner with you to meet your needs and achieve your overall health goals. The patient information form is one way that we can get a head start on creating a profile for you. There is so much data entry that is required before we can start filling your prescriptions. It would be good to complete as much of the data entry as possible before we officially open. That way we will be prepared to serve you from day one.

If you would like additional information about the form just call me at the pharmacy. You can reach me at 970.878.9797.

Warm regards,

*Stephanie Soler, PharmD*

Stephanie Soler, PharmD  
Director of Pharmacy Retail

New Patient Information



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Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Male/Female

LAST 4 OF SS#: \_\_\_\_\_ Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Notifications (select all that apply): Text/Phone/Email

Vials: Safety Caps/Easy Open Preferred Language: \_\_\_\_\_

Household Members/Dependents: \_\_\_\_\_

Maintenance medications automatically refilled: Yes/No

Would you like to have your medications filled at the same time: Yes/No

Medication Allergies: \_\_\_\_\_

Current Medications, Over The Counter Products, Supplements:  
\_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Primary Physician: \_\_\_\_\_

Have my physician send my prescriptions to Meeker Drugs at PMC and put on hold so that upon pharmacy opening my prescriptions will be ready to fill: Yes/No

Insurance Information

1) ID#: \_\_\_\_\_ RXBIN: \_\_\_\_\_ PCN: \_\_\_\_\_ RXGRP: \_\_\_\_\_

2) ID#: \_\_\_\_\_ RXBIN: \_\_\_\_\_ PCN: \_\_\_\_\_ RXGRP: \_\_\_\_\_

Bill insurance automatically: Yes/No

Alternatively, submit copies of insurance card front and back with form.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Options for returning form: drop off to the pharmacy or mail to Meeker Drugs at PMC 100  
Pioneers Medical Center Drive, Meeker, CO 81641