

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.

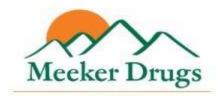
I have a Doctor of Pharmacy degree from Creighton University in Omaha. My more than six years of experience in community pharmacy have equipped me well to meet your needs. As part of my responsibilities, I have processed prescriptions, counseled patients, increased patients' access to medications, provided 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



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

Patient Name:		DOB:	Male/Female	
LAST 4 OF SS#:	Address:			
Home Phone:	Cell Phone: _	Email	:	
Notifications (select al	l that apply): Text/Pho	ne/Email		
Vials: Safety Caps/Eas	y Open	Preferred Language	:	
Household Members/D	Pependents:			
Maintenance medicatio	ons automatically refille	d: Yes/No		
Would you like to have	e your medications fille	d at the same time: Y	/es/No	
Medication Allergies: _				
Current Medications, (	Over The Counter Proc	lucts, Supplements:		
Medical Conditions:				
Primary Physician:				
Have my physician sen				
hold so that upon phar	macy opening my presc	riptions will be ready	y to fill: Yes/No	
	Insurance ]	Information		
1) ID#:	RXBIN:	PCN:	RXGRP:	
2) ID#:	RXBIN:	PCN:	RXGRP:	
Bill insurance automat	ically: Yes/No			
Alternatively, submit c	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