

**REGISTRATION for DELIVERY**  
**ECU PHARMACY SERVICES**  
Fax form to ECU Pharmacy 744-1800

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home address: \_\_\_\_\_  
\_\_\_\_\_

Home phone: \_\_\_\_\_ Work: \_\_\_\_\_

Insurance: (attach copy of insurance card if possible)

State employee Insurance ID #: \_\_\_\_\_

Other insurance: \_\_\_\_\_ ID #: \_\_\_\_\_

Additional family members:

Name:	Date of birth:
_____	_____
_____	_____
_____	_____

Credit card for co-pays charges:

Credit       Debit      \_\_\_\_\_ Visa      \_\_\_\_\_ MasterCard

#: \_\_\_\_\_ Exp. date: \_\_\_\_\_

My signature below authorizes ECU Pharmacy Services to charge the above credit card for my prescription purchases and to deliver my prescriptions to the address below.

\_\_\_\_\_

ECU Delivery Address: \_\_\_\_\_

Please note: For security reasons, this address can only be changed by submitting a new form. Someone must be available to sign for the delivery.

Automatically deliver when Rx requested for refill: \_\_\_\_\_ Yes \_\_\_\_\_ No