Rxpress Pharmacy DRIVE-THRU
21509 State Route 410 E STE # 4 BONNEY LAKE, WA 98391
Phone: 253-862-5000. FAX: 253-862-4488
Email: Rxpresspharmacy@outlook.com

DEMOGRAPHIC INFORMATION

Patient Name: _____

Date of Birth: _____ Age: _____ Gender: M/ F/ Other_____

Race: _____ American Indian or Alaska Native, Asian, Black, or African American, Native Hawaiian or Other Pacific Islander, and White

Ethnicity: _____ Hispanic or Non- Hispanic

(Race and Ethnicity information only needed for Vaccinations. CDC requests this information)

Mobile Phone: _____ Home Phone: _____

Address: _____

City_____ State _____ Zip_____

Email: _____

Primary Doctor: _____

Primary Pharmacy: _____

Allergies: _____

Chronic Conditions: _____

INSURANCE INFORMATION

Medicare Part A and B Number: _____

Private or Medicare part D information:

Bin Number: _____ PCN Number: _____

Rx-Group Number: _____

ID Number: _____