

Gretna Drugs  
PO Box 456  
Gretna, VA 24557  
Telephone: (434) 434-656-1251  
Fax: (434) 656-6003

Dear Hargrave Military Academy Student,

So we may provide you with better medical care, we ask that you fill in the requested information below. The information will be kept strictly confidential. The computer will keep your complete medication history, which will be reviewed and updated each time your prescriptions are filled. This important information will aid in the detection and prevention of potential harmful effects, which result from drug interactions and drug allergies. There is no charge for these necessary services.

**Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Drug Allergies:**

1. NKA (no known allergies)	5. Keflex, Ceclor
2. Sulfa drugs	6. Aspirin
3. Tetracycline	7. Other: _____
4. Erythromycin	_____

**Chronic Conditions or diseases:**

**Over-the-Counter Medicines used regularly:**

In order for us to provide pharmacy services to you, we require a copy of your prescription insurance card, if applicable, and credit card information for payment. If you wish not to give us your credit card information, we will be glad to set up a prepaid medication account. This account will require a \$250.00 minimum balance. All surpluses will be refunded to you at the end of the year.

<b>Credit Card Information</b>	
_____ VISA	
_____ MasterCard	
_____ American Express	
_____	
Credit Card Number	Exp. Date
3 or 4 digit security code: _____	
_____	
Signature	