

## Gretna Drugs

PO Box 456 • Gretna, VA 24557  
Telephone: 434-656-1251 • Fax: 434-656-6003

Dear Hargrave Military Academy Cadet,

So we may provide you with the best medical care, please fill in the requested information below; this 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 sometimes result from drug interactions and drug allergies.

Cadet name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Street address: \_\_\_\_\_

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

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

Drug allergies (circle all that apply):

- |                             |                   |
|-----------------------------|-------------------|
| 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 medications 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 prefer, we will set up a prepaid medication account which would require you to maintain a \$250 minimum balance; all surpluses will be refunded to you at the end of the year.

Credit card information (MANDATORY):

Type of credit card: \_\_\_\_\_ Exp. date: \_\_\_\_\_ Security code: \_\_\_\_\_

Card number: \_\_\_\_\_

Name on card: \_\_\_\_\_

Address of cardholder: \_\_\_\_\_

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