NYU Langone MEDICAL CENTER

Pharmacy Data Sheet

This information will help us streamline your care by providing electronic prescriptions when available.

Patient Name: _____ Date of Birth: _____

Do you have a pharmacy benefit?
☐ Yes – complete sections 1, 2 and 3
☐ No – complete sections 2 and 3

Section 1 – Pharmacy Benefit

Your Pharmacy Carrier is:

☐ Medco ☐ Caremark ☐ Cigna ☐ Aetna ☐ Other – please indicate: _____

Name of Primary Insured for Pharmacy Benefit: _____ ID#: _____

Section 2 – Preferred Pharmacy

If you have a preferred or local pharmacy for your general medications, please provide the following information. If you indicate a large brand store such as Duane Reade, CVS, Walgreens, ShopRite, etc. – you must indicate the store number (for example, CVS #2254) as well as the address.

Pharmacy : _____ Store #: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____

Section 3 – Specialty Pharmacy

If you have fertility medication coverage, please indicate the specialty pharmacy required by your insurance carrier. In non-mandated situations, we prefer you use a pharmacy that has extensive experience in fertility medications. Specialty pharmacies can be found on our pharmacy list and include Apthorp, Kings, Metro Drugs, Kraupners and others. Specialty pharmacies also participate in savings programs for self-pay/cash patients.

Pharmacy : _____ Store #: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____

NYULFC use only – Entered by: _____ Date: _____