



# WILMONT

PHARMACY & SURGICALS

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wilmontpharmacy.com

## NEW PATIENT INFORMATION

### PERSONAL INFORMATION

Last Name		First Name		MI
Date of Birth	Gender M / F	Autofill Y / N	Email	
Address			Phone	
City		State	Zip	Rx Notify via Text Y / N
Allergies				Cell Phone Carrier
SSN (only for Worker's Comp)		Referred By		

### INSURANCE INFORMATION

Primary Insurance	
BIN#	PCN
ID#	GROUP#
Secondary Insurance	
BIN#	PCN
ID#	GROUP#
Medicare ID	

## APPROVED PRESCRIPTION REFILLS ENROLLMENT

Approved Prescription Refills (APR) is a modern and convenient service for refilling your daily maintenance medications. This program affords you a consistent supply of medication without calling for refills. Our automated, computerized service means PUNCTUAL REFILLS. You will enjoy uninterrupted therapy and compliance with your doctor's orders. Just fill in the blanks below with the medication you use every day—Our pharmacy staff does the rest. Questions? Call us at 914-725-1827.

Yes, I would like Wilmont Pharmacy to autofill my medications.  No, I do **NOT** want to have my medications autofilled.

RX NUMBER	DRUG	QTY	DAYS SUPPLY	CALL/DELIVER

I have received the Notice of Privacy Practices and I have been provided an opportunity to review it.

Signature

Date