

ADVANTAGE

Health Care Services

Garden Grove Community Pharmacy - 12665 Garden Grove Blvd #108, Garden Grove, CA 92843

Toll Free (855) 530-1130 - Fax (714) 537-7736



Pharmacy Change Authorization

Patient Contact Information

Legal Name: _____ Preferred Name: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Work/Cell: _____

Email: _____

Allergies: _____

Patient Preferences

Language: _____

Delivery Option: ☐ Home Delivery ☐ The CenterOC

Discrete Shipping: ☐ Yes ☐ No Safety Caps: ☐ Yes ☐ No

Co-Payment Options: ☐ Credit Card ☐ Check

Patient Insurance Information

Plan/Provider: _____ ID #: _____

Physician Contact Information

Name: _____ Phone: _____

Previous Pharmacy Information (if applicable)

Name: _____ Phone: _____

Patient/Guardian Authorization

I authorize Advantage Health Care Services to:

- Verify my insurance coverage;
- Communicate with my physician and/or healthcare providers regarding my care;
- Fill my maintenance medications monthly;
- Contact my current pharmacy to transfer my medication file to Advantage Health Care Services.

Patient/Guardian Signature: _____ Date: _____

Patient/Guardian Name: _____

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Medication Transfer List

Medications or RX #'s:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____