

**CMMC Pharmacy/Bates College**

**DELIVERY REQUEST FORM**

Patient name \_\_\_\_\_

DOB \_\_\_\_\_

Bates College Mailbox number \_\_\_\_\_

Date of request \_\_\_\_\_

In order to ensure prompt service, please include the following completed documents are sent to CMMC Pharmacy via fax at 207-795-7552

- Completed new patient intake form with payment information, as applicable
- Complete credit card authorization form
- Completed Delivery Request form
- Prescriptions, if not sent electronically
  - o Please note, at this time, schedule II controlled substances must be presented directly to pharmacy – Faxed prescriptions are NOT acceptable

NOTE: Delivery requests are for the initial fill of urgent medications ONLY. Requests are honored ONCE. Refills may be mailed to the address on file upon customer request. Please call 795-7177 for more information

Schedule

Delivery requests must be received by **9:00 am** to make the 11:00 am delivery run and by **12:30 pm** to make the 2:30 pm delivery run

Authorization (Please initial)

\_\_ I request CMMC Pharmacy deliver medications prescribed to me at the Bates Student Health Center on the date noted above to the following location: ***Bates College Post and Print, 65 Campus Ave, Lewiston, ME***

\_\_ I understand that I assume responsibility for the prescriptions once the delivery service picks up my prescription(s) at the CMMC Pharmacy. The delivery service is acting as my agent. As such, I understand no refunds or returns will be issued to me.

\_\_ I decline medication counseling by the pharmacist at this time. However, I understand I may call or visit the pharmacy during operating hours and speak with a pharmacist for any drug related questions or concerns. CMMC Pharmacy Hours are Monday through Friday 7 am to 7 pm and Saturday 9 am to 1 pm. Phone 207-795-7177

\_\_ I understand necessary patient information, including payment information, must be received by the pharmacy prior to prescription order being released to delivery service.

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Signature