FAX OR ESCRIPT ALL PRESCRIPTIONS TO
Broadway Family Pharmacy
510 Amsterdam Ave, STR1|New York, NY 10024-3935

Toll Free Phone & Fax: 888-609-2064
Email: prxpny@340bpharm.com

BFP | BROADWAY FAMILY PHARMACY

☐ 340B Regular ☐ PREP ☐ T&T

Clinic Name: _____ **340B Eligible:** ☐ Yes ☐ No

Today's Date: _____ **PCP:** _____

PATIENT INFORMATION (REQUIRED INFORMATION)

Patient's Last Name: _____ First Name: _____ Middle Name: _____ Preferred Name: _____ Birth Date: ___/___/____

Sex (Check One): ☐ Male ☐ Female

Gender Identity: ☐ Male ☐ Female ☐ Transgender ☐ Other: _____

Pronouns: _____

Street Address: _____ P.O. Box: _____ City, State, Zip: _____

Home Phone: _____ Emergency Contact: _____ Emergency Contact Phone: _____

Any known allergies: _____

***Please attach copy of drivers license or photo ID**
☐ **Check to Indicate Copy Attached**

CURRENT PHARMACY INFORMATION

Pharmacy Name: _____ Phone: _____ Fax: _____

Street Address: _____ City: _____ State: _____ Zip: _____

PRESCRIPTION INSURANCE INFORMATION *(ATTACH FRONT & BACK OF INSURANCE CARD)*

☐ **Check to Indicate Front/Back of Insurance Card is Attached**

Policy Insurance: _____ PCN: _____ BIN: _____

Subscriber's Name: _____ Rx Group Number: _____ Patient ID: _____

Patient Relationship to Subscriber (Check One): ☐ Self ☐ Spouse ☐ Child ☐ Other: _____

DELIVERY INFORMATION *(CHECK ONE)*

☐ Patient's Address (Street Address: _____ City, State, Zip: _____)

☐ Prescriber's Address (Street Address: _____ City, State, Zip: _____)

☐ Other (Street Address: _____ City, State, Zip: _____)

ACKNOWLEDGMENT FORM *(PLEASE SIGN)*

BY SIGNING BELOW, I AUTHORIZE BROADWAY FAMILY PHARMACY TO CONTACT MY PRESENT PHARMACY AND TRANSFER ALL PRESCRIPTIONS TO BE FILLED.

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE RECEIVED THE NEW PATIENT INFORMATION, NOTICE OF PRIVACY PRACTICES, AND PATIENT BILL OF RIGHTS, AND I HAVE BEEN PROVIDED THE OPPORTUNITY TO REVIEW THEM.

_____ _____

Patient/Guardian Signature *Date*

**Licensed in NY, AZ, CA, CT, CO, DC, FL, GA, IA, ID, IL, IN, KS, KY, LA, MA, MD, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, OH, OK, PA, RI, SD, TN, TX, UT, VA, VT, WA, WI, WV and WY*