



WWW.WELLTOPIARX.COM

/ text 262-429-9429

: 262-429-9428

Easy Transfer Med Request

Name _____ DOB ____/____/____

Address _____ Phone _____

Cell Phone _____ Ok to Text ? Yes No

Drug Insurance Coverage (choose all that applies)

Medicare State Commercial No Coverage

Current Pharmacy info (If more than one pharmacy, please add)

Pharmacy _____ Address _____ Phone _____

Pharmacy _____ Address _____ Phone _____

Do you have any drug allergies? If yes, Please Add

1 _____ 2 _____ 3 _____

4 _____ 5 _____ 6 _____

List of current medications

1 _____ 2 _____ 3 _____

4 _____ 5 _____ 6 _____

7 _____ 8 _____ 9 _____

10 _____ 11 _____ 12 _____

13 _____ 14 _____ 15 _____

What services you are interested in? Check all that applies

All In One Welltopia Meds in Regular Vials Consultation
 High Quality supplements Compounding

By filling this form, you authorize Welltopia pharmacy to transfer your prescriptions to Welltopia and to contact you in connection with pharmacy services via live and text messages at the phone number provided above. Your consent is not a condition of purchase or receipt of services and may be revoked at any time. Your carrier's message and data rates apply.

Signature _____

Date _____