

# SURVIVORRXPLAN APPLICATION

(Please Print)

Today's date:							
<b>PATIENT INFORMATION</b>							
Patient's last name:		First:	Middle:	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss <input type="checkbox"/> Ms.	Marital status (circle one) Single / Mar / Div / Sep / Wid	
Is this your legal name? <input type="checkbox"/> Yes <input type="checkbox"/> No	If not, what is your legal name?	(Former name):			Birth date: / /	Age:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Street address:			Social Security no.:		Home phone no.: (    )		
P.O. box:		City:		State:		ZIP Code:	
Occupation:		Employer:			Employer phone no.: (    )		
Please Check all that apply: <input type="checkbox"/> Insurance: _____ <input type="checkbox"/> Medicaid		<input type="checkbox"/> ADAP <input type="checkbox"/> ADAP Waiting List		Annual household income: \$ _____		Number of people in your house, including you: _____	
Please list any foods/ medications you are allergic to:							

<b>MEDICATION INFORMATION</b>			
List all of the medications you are currently taking:		List any medications you have been prescribed but cannot afford:	
Please indicate best time and day for call back from one of our clinical counselors: Time: _____ Date: _____		Best number to reach you: _____	

<b>SIGNATURE</b>	
<p>You must sign the form before we can send your medicines. <i>I attest that the information provided in this application is complete and accurate. This authorization or a copy shall be valid for 12 months from the date of signature. I understand that Drug Depot, Inc. reserves the right to refuse my application based on any misuse, abuse or illegal distribution of any products in this program. I will not seek reimbursement of any fee I pay to SurvivorRxPlan from my health insurance, including Medicaid, Medicare or similar programs.</i></p>	
Date: _____/_____/_____	
(Signature Required)	
Please fax or mail form to: Fax: (800) 423-4106, SurvivorRxPlan 34911 US Hwy 19 N, Suite 600, Palm Harbor, FL 34684 For immediate assistance place call us at: (888)547-2654 M- F 8:30- 6pm EST	