PhaRmaneek
Pharmacy Services

7345 Woodland Drive, Suite A
Indianapolis, IN 46278
Phone: (317) 293-1700
Fax: 1 (317) 536-3100

Patient Information

First Name: _____ Last Name: _____

Address: _____ Phone: _____

_____ Cell: _____

City: _____, IN Zip: _____

Date of Birth: _____ SSN: _____

Physician Information

Name: _____ Phone: _____

Facility Name: Facility Address:

_____ _____

_____

If they currently have no physician, can we recommend one and have them contact the customer? ◯Yes ◯No

Treatment Plan

Which product are they signing up for? ◯Sildenafil ◯Tadalafil

What dosage (in mg) will they need? _____ mg

Are they signing up for a membership with us? ◯Yes ◯No

Do they already have a prescription? ◯Yes ◯No

Who or what were they referred to us by? _____