The University of Toledo
Outpatient Pharmacy - Registration Form

Welcome to The University of Toledo Outpatient Pharmacies! To expedite entering your information into our system, please take a moment to complete the following registration information. Upon completion bring on your next visit or fax to:

Main Campus Outpatient Pharmacy fax: 419-530-3473 phone: 419-530-3471
HSC Outpatient Pharmacy fax: 419-383-3208 phone: 419-383-3750

If you have any questions, please feel free to contact the outpatient pharmacy of your choice. We look forward to serving your prescription and over-the-counter medication needs.

UT Faculty/Staff Member Name: _____ SS Number _____

Home Address: _____
Street Address City State Zip Code

Campus Phone: _____ Home Phone: _____

Primary E-mail Address: _____

Faculty/Staff Member's Name	Date of Birth	Secondary Insurer: Policy or ID No.: Group No.:	Allergies
Spouse's Name	Date of Birth	Secondary Insurer: Policy or ID No.: Group No.:	Allergies
Dependent's Name	Date of Birth	Secondary Insurer: Policy or ID No.: Group No.:	Allergies
Dependent's Name	Date of Birth	Secondary Insurer: Policy or ID No.: Group No.:	Allergies
Dependent's Name	Date of Birth	Secondary Insurer: Policy or ID No.: Group No.:	Allergies
Dependent's Name	Date of Birth	Secondary Insurer: Policy or ID No.: Group No.:	Allergies
Dependent's Name	Date of Birth	Secondary Insurer: Policy or ID No.: Group No.:	Allergies