

Bloomington Drug

Bloomington's First Pharmacy

CURBSIDE PRESCRIPTION PICK UP

Registration Form

Patient Information:

Name _____
Last First Middle

Address _____
Street City State Zip

Telephone _____
Cell _____

Billing Information:

Credit Card Holder's Name: _____

Credit Card Number: _____

Expiration Date: _____ VIN #: _____

Phone Number: _____

Vehicle Information:

Make/Model: _____

License Plate # _____

Secondary Vehicle (optional)

Make/Model: _____

License Plate # _____