



The town of Putney does not have a pharmacy. Landmark College Health Services has parted with Hotel Pharmacy in Brattleboro, VT to provide prescription services for our students. Hotel Pharmacy delivers to Health Services at no charge Monday through Friday by 3 PM.

We encourage all students to register with Hotel Pharmacy in case you need a prescription in urgent fashion like an acute illness. Students may utilize any pharmacy in the region but will have to arrange their own transportation to retrieve prescriptions. We encourage you to provide your prescription insurance information and home address (for insurance purposes). Also, the name and phone number of your hometown pharmacy can be helpful for determining current insurance and prescription information.

If a credit card number is on file, Hotel Pharmacy can bill you directly for copayments and over the counter medication. Receipts will be included in each package delivered.

If you would like to register for this service with Hotel Pharmacy, please complete this form. If you prefer to acquire prescriptions elsewhere on your own, you do not need to complete this optional page.

This service is a direct relationship between you and Hotel Pharmacy. Landmark College assumes no responsibility for any payment or billing information. Return this form to Hotel Pharmacy at the address below.

.....
Last name First name (Chosen Name) Birth Date Phone #

RX Insurance Information (Please include a copy of the front and back of your prescription and insurance cards).

.....
Policy Holder Name Relationship to Patient

.....
Group Number ID Number

.....
RX BIN: PCN:

Home Address

.....
Street Apt#

.....
City State Zip Code Home Phone

Previous Pharmacy

.....
Name Phone Number

Optional: Credit Card Information (you may also choose to phone this directly to Hotel Pharmacy)

.....
Cardholder Name

.....
Credit Card Number Expiration Date 3-digit vcode

Allergy & Health Information

Allergies/Drug Reactions (list):

Diseases/chronic health conditions: Diabetes Hypertension Cancer Cholesterol

Pregnancy/nursing Autism ADHD Other:

List Prescription Medications:

Over the counter medications/supplements you are currently taking: Vitamins Aspirin

Herbal Supplements Other:

Please provide additional information on the OTC products you were taking such as when you take them, name of medications/supplements, and how long you have been taking them.