



571 WASHINGTON STREET
PO BOX 429
WHITMAN, MA 02382
PHARMACY PHONE 781-447-0606.
PHARMACY FAX 781-447-4769
WWW.DUVALSPHARMACY.COM

CAMP AVODA Camper Intake Sheet 2024

Name: _____ DOB: _____

Address: _____

Phone: _____

Drug Allergies: _____

Pharmacy Insurance Information

Name of Insurance: _____

Bin number: _____ PCN number: _____

ID number: _____ group number: _____

** This information should be found on your prescription ID card, sometimes denoted as RXBIN, RXPCN, and RXGRP.

Payment information (required)

CC# _____ EXP _____ Sec code _____

** We will send a copy of the paid statement to the above address. If you are not comfortable putting this on your form, please call us directly.

Medication List and when meds are given. Please include the name of medication, strength, directions and what time of day the patient takes the medication.

**** REQUIRED:** Patient must call their Provider to send a prescription for all medications to be packed to cover the duration of camp to Duval's Pharmacy as we will not be doing transfers. Over the counter medications need a prescription as well for it to be put in our pack.

**** IMPORTANT NOTE:** If you usually get 90 day prescriptions or need to fill a prescription shortly before camp starts, please try to coordinate with your current pharmacy and Duval's Pharmacy before filling a prescription. This will prevent any insurance billing issues. If you have questions, please call us or discuss it with your current pharmacy.

Please check which sessions your child will be at Camp. We will provide medication from the first day until the last day of their camp session

- Session 1 Sunday 6/23 - Sunday 7/21
- Session 2 Sunday 7/21 - Wednesday 8/14
- Session 1 & 2 Sunday 6/23 - Sunday 8/14

Please fax this form to Duval's Pharmacy 781-447-4769 or email it to karen@duvalsrx.com . Any questions can be answered by emailing karen@duvalsrx.com or calling Karen at 781-447-0606.