



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

CAMP AVODA Camper Intake Sheet 2026

Name: _____ DOB: _____
Address: _____
Phone: _____
Drug Allergies: _____

Pharmacy Insurance Information (required)

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.

If your child takes a specific OTC medication, I will be placing orders through amazon for things not available through my wholesaler. So that I may be consistent as best as possible, you may email me pictures of your specific OTC medication so that I may order the exact product when possible.

MEDICATION	STRENGTH	TIME(S) OF DAY GIVEN (AM, NOON, EVENING, BEDTIME)

**** 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 must have 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. We will need to charge you a cash price if insurance rejects for being too soon. 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 6/21 - Sunday 7/19
- _____ Session 2 Sunday 7/19 - Wednesday 8/12
- _____ Session 1 & 2 Sunday 6/21 - Wednesday 8/12
- _____ Other (provide dates) _____

Required by May 15th:

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.