



MYPAK AT HOME PATIENT ENROLLMENT

First Name _____ Last Name _____

Date of Birth _____ Age _____ Gender _____

Address _____

City/State/Zip _____

Home Phone (_____) _____ Cell Phone (_____) _____

Medicare A/B Number _____

Medicare Part D Insurance Name _____

Insurance ID Number /RX Group _____

Social Security Number _____

Email Address _____

WHERE DO YOU RESIDE?

Personal Residence Retirement Community Assisted Living Personal Care/ Group Home

MEDICATION PACKAGING PREFERENCE

MyPak System Blister Packs I decline medication packaging

DO YOU WANT YOUR PRESCRIPTION DELIVERED?

Yes No Sometimes, I will notify Spartan Pharmacy when I want delivery

Personal Representative able to make decisions on my behalf.

Name: _____ Relationship: _____ Phone: _____

PATIENT CONSENT

By Signing I attest that:

- 1.) I have been offered a notice of HIPAA Privacy Practices
- 2.) I understand I am eligible for free medication consultations with a Spartan Pharmacy Pharmacist at no cost to me.
- 3.) I agree to let Spartan Pharmacy fill my medications monthly and to contact my physician for any required refills.
- 4.) I understand that medication changes mid-cycle may be filled in bottles or blister pack until my next MyPak is available.

Patient Signature _____ Date _____

Representative Signature _____ Date _____



NEW MYPAK MEDICATION FORM

<u>NAME:</u>	<u>DOB:</u>	
<u>ADDRESS:</u>	<u>PHONE NUMBER</u>	DELIVERY or PICK UP

PLEASE LIST ALL MEDICATIONS, INCLUDING OVER THE COUNTER PRODUCTS. LIST THE NAME, DOSE, AND QUANTITY. **A TIME OF DAY MUST BE DESIGNATED FOR EACH MEDICATION.**

Note: Each packet can only hold 4 different medications. If there are more than 4 medications for one specific time of day there will be more than one bag for that time (i.e. 1 of 2 and 2 of 2). Also, the medications are arranged in alphabetic order on the pack. The font size cannot be changed.

The start date of MYPAK will be determined by the insurance and the number of pills remaining of your prescription

	<u>MEDICATION:</u>	<u>QUANTITY PER DOSE:</u>	<u>TIME OF DAY:</u>	<u>AM or PM:</u>
1:				
2:				
3:				
4:				
5:				
6:				
7:				
8:				
9:				
10:				
11:				
12:				
13:				
14:				
15:				
16:				
17:				
18:				
19:				
20:				

