

Compounding Specialists of Wyoming
2546 East 2nd Street, Bldg #100
Casper, WY 82609

(307) 266-3166

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Compounding Specialists of Wyoming would like to provide you with the best Pharmacy services available. To do this, our pharmacists need basic information about your medical history and your current medication profile, including all prescription and non-prescription medications. As well, please identify any other medical problems you have, including food or drug allergies. Thank you for helping us serve you better.

Patient Information Sheet

Patient's Name: _____ **DOB:** _____ **SSN:** _____

Address: _____
Street PO Box/Apt # City State Zip

Home Phone: _____ **Work Phone:** _____ **Alternate Phone:** _____

Physician's Name: _____ **Physicians Phone:** _____

Known Allergies (foods and drugs): _____

What prescriptions are you currently taking: _____

What over the counter medications do you take? (ex: Aspirin, Tylenol): _____

Do you take herbal, or vitamin supplements, if so, please list: _____

Please check any of the following conditions diagnosed by your physician

High Blood Pressure Heart Disease Diabetes Asthma Anemia Headache
 Depression Lung/Breathing Disorder Disease of the Liver Bowel/Bladder Disease
 Kidney Problems Stomach/Ulcer pain Anxiety Thyroid Problems Pregnancy
 Skin Disorders Osteoporosis Arthritis Parkinson's Other _____

You may pay by credit card if you wish, Please complete the following information:

American Express Master Card Discover Visa

Card # _____ **Exp:** _____ **CCID#:** _____

_____ I authorize the billing of this credit card for new and refill prescriptions from PCS of Wyoming.

Patients Signature: _____ **Date:** _____