



Pharmacy Form

Name: _____ DoB: ___/___/___ Age: ___ Gender: M/F			
Allergies: _____		Phone #: (405) _____	
<u>Address where medications to be delivered:</u>			
Street Address	City	State	Zip code

Following Documents required prior to getting FREE Medications.

- 1) Proof of US Citizenship (One of the following document needed)
 - US Passport copy
 - Citizenship Certificate copy
 - Birth Certificate copy
 - Green Card copy

- 2) Utility bills (one of following document needed)
 - Local Telephone Bill
 - City of Oklahoma bill
 - Oklahoma Gas and Electricity Bill

- 3) Income confirmation(one of the following document needed.
 - copy of last year income tax return.
 - W2 form
 - last 2 pay stubs

Please also note that depending on Medications, some pharmaceutical companies may require additional documentation.