



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.