

Medicine Box Pharmacy, Inc.
664 South Broadway Street
Forest City, North Carolina 28043
Phone (828) 245-1696 • Fax (828) 245-3890
www.medicineboxfc.com

Patient Health Care Program

* \$2.00 Annual Enrollment Fee *

Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Daytime Phone: _____ Evening Phone: _____

DOB: _____ Male: _____ Female: _____

Enrollment Date: _____ Fee: _____

Medicine Box Pharmacy, Inc. reserves the right to change/cancel this program at any time.
This program is not an insurance plan.

