Transplant Outpatient Pharmacy UHN Toronto General Hospital

Home Delivery Program Enrollment Form

If you are an existing patient of **Transplant Outpatient Pharmacy** and wish to enroll in the free **Home Delivery Program**, please complete **Section A** and **C** only.

If you are a new patient of **Transplant Outpatient Pharmacy** and wish to enroll in the free **Home Delivery Program**, please complete **Sections A, B** and **C**.

Section A

Last Name:	First Name:	Date Of Birth: DD/MM/YYYY
Home Address:	Shipping Address: ☐ Same as Home Address	
Home Phone Number:	Mobile Phone Number:	Work Phone Number:
E-mail Address:		
Credit Card: ☐ VISA ☐ MC ☐ AMEX	Number:	Expiry Date: MM/YY
Special Delivery Instructions:		
Have you had a **MedsCheck** consultation with a pharmacist in the past 12 months? ☐ Yes ☐ No ☐ Not Sure		

Section B

Allergies: ☐ No Known Allergies	Gender: ☐ M ☐ F
Transplant Coordinator:	
Transplant Doctor: / Phone Number: / Address:	Family Doctor: / Phone Number: / Address:
Insurance Provider:	Carrier ID:
Group Number:	Identification Number:

Section C

How did you hear about **Transplant Outpatient Pharmacy**:	☐ EZ Call Message ☐ Mail Flyer ☐ TGH Outpatient Pharmacy ☐ Transplant Coordinator/Doctor ☐ Poster or Signage ☐ Medication Reimbursement Specialist ☐ Other:
How did you hear about the **Home Delivery Program**:	☐ EZ Call Message ☐ Mail Flyer ☐ TGH Outpatient Pharmacy ☐ Transplant Coordinator/Doctor ☐ Poster or Signage ☐ Medication Reimbursement Specialist ☐ Other:

Turn over to back side

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Please indicate that you accept the following terms and conditions by initialling each of the boxes below.

PATIENT'S RESPONSIBILITIES

☐ ✓ To qualify for free shipping:

- Patient must complete a free initial **MedsCheck**[1] consultation within 3 months of enrollment and an annual **MedsCheck** consultation thereafter.
- Patient will allow adequate time for order processing and shipping as per *Home Delivery Program* Shipping Schedule

☐ ✓ Patient or patient's agent must be available to sign for package upon delivery.

☐ ✓ Orders required within 2 business days will incur shipping charges **at the discretion of the pharmacist.**

☐ ✓ Credit card information must be on file; charge accounts or invoicing is not a service offered at this time.

EXCLUSIONS

☐ ✓ Deliveries for Neoral® (cyclosporine) alone are NOT eligible for free shipping.

TRANSPLANT OUTPATIENT PHARMACY COMMITMENT TO THE PATIENT

✓ Ongoing assessment of your medication regimen by our expert transplant pharmacy team.

✓ Safe and efficient order processing and delivery.

✓ Free, secure and confidential delivery of prescription orders via courier service.

✓ Personal and professional medication counseling from a transplant pharmacist during regular business hours. After hours, the patient may leave a voice-message for non-urgent matters and a pharmacist will return the call on the following business day.

✓ Specialized services to meet your unique medication needs, including refill reminders, medication schedules and blister packaging.

✓ Individualized guidance and services from our Medication Reimbursement Specialist to ensure you receive the maximum coverage possible for your medications.

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[1]MedsCheck is a free one-on-one annual appointment (up to 30 minutes) with a pharmacist to review medications and help a patient better understand their medication therapy and ensure that medications are taken as prescribed.

INTERNAL USE ONLY

APPOINTMENT DATE:	DD/MM/YYYY	**MEDSCHECK TYPE:**	❒ **ANNUAL** ❒ **FOLLOW UP** ❒ **OTHER**
ENROLLMENT DATE:	DD/MM/YYYY	**COMPLETED BY:**	

Return completed form to Transplant Outpatient Pharmacy