

Text Messaging System

Taylor Drug now has the ability to send text alerts when prescriptions are completed for patients and their dependent family members. If you would like to sign up for this service, please provide the following information:

Last Name (Head of household):		First Name (Head of household):		Date of Birth (Head of household): / /	
Address:			City:		Zip Code:
Household Phone #: () -		Email Address:			
Cell Phone # (Head of household): () -		Cell Phone Carrier: <input type="checkbox"/> AT&T <input type="checkbox"/> Verizon <input type="checkbox"/> Sprint <input type="checkbox"/> T Mobile <input type="checkbox"/> Other: _____			
<p style="text-align: center;">The following section is for spouse and dependent children information. Because of HIPPA privacy regulations, text notifications cannot be sent to the primary cell phone number for any patient over 18 years of age, unless the release is signed below. However, texts to spouses and dependent children over 18 can be sent directly to their cell phones without signing the release below, just check the box in their cell number "Text this cell phone".</p>					
Last Name (Spouse):		First Name (Spouse):		Date of Birth (Spouse): / /	
Cell Phone # (Spouse): () -		Cell Phone Carrier: <input type="checkbox"/> AT&T <input type="checkbox"/> Verizon <input type="checkbox"/> Sprint <input type="checkbox"/> T Mobile <input type="checkbox"/> Other: _____			
Last Name (Dependent #1):		First Name (Dependent #1):		Date of Birth (Dependent #1): / /	
Cell Phone # (Dependent #1): () -		Cell Phone Carrier: <input type="checkbox"/> AT&T <input type="checkbox"/> Verizon <input type="checkbox"/> Sprint <input type="checkbox"/> T Mobile <input type="checkbox"/> Other: _____			
Last Name (Dependent #2):		First Name (Dependent #2):		Date of Birth (Dependent #2): / /	
Cell Phone # (Dependent #2): () -		Cell Phone Carrier: <input type="checkbox"/> AT&T <input type="checkbox"/> Verizon <input type="checkbox"/> Sprint <input type="checkbox"/> T Mobile <input type="checkbox"/> Other: _____			
Last Name (Dependent #3):		First Name (Dependent #3):		Date of Birth (Dependent #3): / /	
Cell Phone # (Dependent #3): () -		Cell Phone Carrier: <input type="checkbox"/> AT&T <input type="checkbox"/> Verizon <input type="checkbox"/> Sprint <input type="checkbox"/> T Mobile <input type="checkbox"/> Other: _____			
Last Name (Dependent #4):		First Name (Dependent #4):		Date of Birth (Dependent #4): / /	
Cell Phone # (Dependent #4): () -		Cell Phone Carrier: <input type="checkbox"/> AT&T <input type="checkbox"/> Verizon <input type="checkbox"/> Sprint <input type="checkbox"/> T Mobile <input type="checkbox"/> Other: _____			
Last Name (Dependent #5):		First Name (Dependent #5):		Date of Birth (Dependent #5): / /	
Cell Phone # (Dependent #5): () -		Cell Phone Carrier: <input type="checkbox"/> AT&T <input type="checkbox"/> Verizon <input type="checkbox"/> Sprint <input type="checkbox"/> T Mobile <input type="checkbox"/> Other: _____			
Last Name (Dependent #6):		First Name (Dependent #6):		Date of Birth (Dependent #6): / /	
Cell Phone # (Dependent #6): () -		Cell Phone Carrier: <input type="checkbox"/> AT&T <input type="checkbox"/> Verizon <input type="checkbox"/> Sprint <input type="checkbox"/> T Mobile <input type="checkbox"/> Other: _____			

Patient's over 18 years age must sign below and specify which phone number to have text alerts sent to:

Head of Household's Name (Printed) Send text alerts to: <input type="checkbox"/> My cell phone. <input type="checkbox"/> Other (Specify): _____	Head of Household's Signature
Spouse's Name (Printed) Send text alerts to: <input type="checkbox"/> My cell phone. <input type="checkbox"/> Other (Specify): _____	Spouse's Signature
Dependent's Name (Printed) (only if over age 18 years) Send text alerts to: <input type="checkbox"/> My cell phone. <input type="checkbox"/> Other (Specify): _____	Dependent's Signature (only if over age 18 years)