



Beasley Drug Company
933 Center Street Conyers, GA 30012
Ora Bailey - Owner
Phone: 770-483-7211 • Fax: 770-483-9654

Resident Name: _____ Birth date: _____

Facility: _____ Social Security #: _____

Anticipated date of admission: _____ Drug Allergies: _____

Family member best to contact: _____ Primary Physician:: _____

_____ Other Physicians: _____

Relationship: _____

Phone Numbers: Home: _____ Work: _____ Cell: _____

INSURANCE INFORMATION

Prescription Drug Card:

Company: _____

ID #: _____

Group # _____

Medicare Card # _____

Please provide a copy of the front and back of all insurance cards

PERSON RESPONSIBLE FOR PAYMENT

Name: _____ Phone #'s Home: _____

Address: _____ Work: _____

_____ Cell: _____

I accept responsibility for payment of bill in a timely manner for all prescriptions and other supplies ordered by either physician or assisted living personnel. There are no monthly service fees:

Signature: _____

We offer in-house charge accounts and will accept credit card payments on these accounts. If you choose this option, please provide the information below.

Credit Card Company: _____ Credit Card #: _____ Exp. Date: _____

If medication is to be repackaged (resident received medication through mail order, VA, etc), we will provide this service for a fee of \$20 a month

We look forward to serving you.

Ora Bailey, owner