

ScriptCenter® Enrollment Form

User 1 Information

Are you picking up a prescription today? YES NO

Do you have a prescription Number? YES NO

First and Last Name _____

RX # (Letter and Numbers) _____

Date of Birth (MM/DD/YYYY) _____

Create Username and PIN

User ID (6-15 Characters Letters or Numbers) _____

Four-digit PIN (Needed every time you pick up) _____

PIN Recovery Questions

What is your mother's maiden name? _____

What is your favorite Pet's Name? _____

What is your childhood street? _____

User 2 Information

Are you picking up a prescription today? YES NO

Do you have a prescription Number? YES NO

First and Last Name _____

RX # (Letter and Numbers) _____

Date of Birth (MM/DD/YYYY) _____

Create Username and PIN

User ID (6-15 Characters Letters or Numbers) _____

Four-digit PIN (Needed every time you pick up) _____

PIN Recovery Questions

What is your mother's maiden name? _____

What is your favorite Pet's Name? _____

What is your childhood street? _____

