

Your Privacy

In order to provide you with the highest level of professional care we need to collect personal information from you. Protecting that information is of paramount importance to us. For our privacy policy please visit our website at www.rxnet.ca or contact Rxnet directly at 1-855-667-4276 to request a copy.

Patient Last Name

Patient First Name

E-mail Address

Home Address

Town/City

Postal Code

Date of Birth (dd/mm/yyyy)

Home Phone Number

Business Phone Number

Primary insurance provider

Cardholder Name

Cardholder DOB

Primary insurance group number

Primary insurance certificate/ID

Cardholder relationship to patient

Secondary insurance provider

Cardholder Name

Cardholder DOB

Secondary insurance group number

Secondary insurance certificate/ID

Cardholder relationship to patient

[This space can be used to briefly outline the program/process]

I, the undersigned, hereby certify that the information provided on this form is correct and authorize the release of information regarding medical history, treatment, and prescription drug history to Rxnet or its agents.

Patient signature

Date