

Salem Health pharmacy prescription locker enrollment form

Pharmacy use		
☐ QS1 profile		
\square Update payment method		
\square Scan enrollment		

Customer information (Dependents/spouse over 18 year	ars of age need to	fill out their own enrollment form.)
Name	Birth date	
Mobile phone number (required)	Email (required)	
Payment methods*		Locker location (choose one)
☐ Payroll deduction (employee number)	\square Salem Health, Building C
$\ \square$ Credit card already on file at the Salem Health Retai	il Pharmacy	☐ West Valley Hospital
* Chosen payment method will be used on all locker presonable submitting a new enrollment form.	criptions. Updatin	g the payment method requires
Authorized dependents (Dependents below will be authunder 18 will also be enrolled for locker use.)	horized for payrol	l deduction if selected above. Those
Name		Birth date
Authorization and locker etiquette Patient, or patient's personal representative authorize f placement of prescription and non-prescription drugs,		•
Prescriptions must be retrieved from locker within three ready to pick up at the locker. Failure to pick up prescriprivileges.		
Controlled substances are not available for locker pick prescription numbers 2-5.	up per Oregon la	w. Controlled substances begin with
Prescriptions will be charged (either payroll deduction You will be notified of the charges via email/text messalf you disagree with the payment charged, DO NOT PICI discuss. Any prescription(s) picked up/removed from t	age when the pre K UP the prescrip	scription(s) is placed in the locker. tion(s). Please call the pharmacy to
Lockers are only available during normal pharmacy bus	siness hours.	
Prescriptions must be requested from the MobilRx pha under the age of 18 may be requested by calling the ph		
Customer signature		Date