

Sherman's Apothecary Pharmacy

1212 S. Main St. Ste 101

Salinas, CA 93901

831-422-5988

(fax) 831-422-5999

Dear Camper Families,
Thank you for allowing us to service your prescription needs during your upcoming stay at Camp Ramah in Northern California. In order to ensure timely processing of prescriptions, please fill out your camper's information below. We understand that you may not want to fax your credit card information. Please feel free to call us and speak directly with one of our staff members.

Campers Name: _____

Home address: _____

City, State, Zip: _____

Date of birth: _____

Drug allergies: _____

Credit card: _____

Exp. Date: _____

Signature of responsible party authorizing credit card charge.

Camper Insurance Information

Name of insured: _____

Name of camper: _____

Prescription Insurance company _____

RX Bin # _____

RX Group # _____

RX Pcn # _____

ID # _____

Every effort will be made to bill insurance directly. If coverage is denied, camper's family will be contacted by phone to obtain authorization to bill total cash price to credit card on file.

PLEASE FAX TO SHERMAN'S APOTHECARY AT LEAST 2 WEEKS PRIOR TO CAMPERS ARRIVAL

FAX 831-422-5999