

# zur Rose Order form



Promo code:  
10M14E

\* Mandatory fields



## Your personal details

Ms  Mr

Language:  German  French  Italian

Date of birth\*

First name\* / Surname\*

Street\* / No.\*

Town and postcode\*

Telephone or Mobile\*

Email\*

Height (cm)\*

Weight (kg)\*



Participate in the Cumulus programme. Cumulus no.:

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## Insurance

Basic insurance\*

Insurance no.\*

Supplementary insurance

Insurance no.



## Medication delivery

Your prescription automatically triggers an order for all listed medications. If you do not want this, please select the appropriate option below:

**Do not deliver any medications at this time.** Store the prescription only and obtain the medications at a later date.

**Deliver only the following medications:** \_\_\_\_\_



Where possible, we replace prescribed original brand medications with more affordable **generic alternatives**.  No, I do not agree.



I agree that a suitable **alternative medication** may be supplied to me if my original medication is temporarily unavailable.\*  Yes  No

## Health questions

To enable our pharmacy team to ensure optimal safety regarding your medication, please answer the following questions. By signing, you confirm that your information is accurate. Your health insurance provider will not have access to your data.

### 1. Do you suffer from any of the following health problems?\*

Diabetes  High blood pressure  Coagulation disorders

Asthma  Cardiovascular complaints  Liver complaints

Kidney complaints  Other: \_\_\_\_\_

None

### 2. Which medicines (prescription / non-prescription) do you use?\*

Name, strength, dosage, e.g. Aspirin Cardio 100, 1 x 1 tablet

### 3. Do you have any allergies or intolerances? No If so, which ones?

### 4. Are you pregnant? (for completion by women only\*)

No  Yes, expected date of delivery: \_\_\_\_\_

**Are you breastfeeding?**  No  Yes

After receiving the completed form, we will create your personal digital customer account for you. To activate your customer account, you will receive a link by email.

No, I do not want a digital customer account.

By signing, I confirm that I have read and accept the General Terms and Conditions of Zur Rose Suisse AG in their current version. I also agree to the processing of my data within the framework of the Swiss Data Protection Act. The General Terms and Conditions can be found at [zurrose.ch/agb](http://zurrose.ch/agb).

<sup>1</sup>You will receive a Migros gift card worth CHF 30 for your first repeat prescription. Prescriptions for contraception and impotence treatment are excluded. Only valid for orders submitted via the Zur Rose online pharmacy (zurrose.ch) and in connection with a valid promo code. Cannot be combined with other offers or promotions. The Migros gift card will be sent separately by post. This offer is valid until 31 December 2026.

Date\* \_\_\_\_\_ Signature\* \_\_\_\_\_

### ! Send this form with your original prescription in an envelope to:

Zur Rose Suisse AG, Bereich Online-Apotheke, Postfach 117, 8501 Frauenfeld