

Order form for prescription medicines

* Mandatory fields must be completed.



Your personal details

Ms Mr

Language: German French Italian

Date of birth*

First name* / Surname*

Street* / No*

Address supplement

Town and postcode*

Telephone or Mobile*

e-mail*

Height (cm)*

Weight (kg)*



Different delivery address

one-off

always

First name / Surname

Street / No

Town and postcode



Insurance

Basic insurance*

Insurance no.*

Insurance card no.*

Supplementary insurance

Insurance no.

Insurance card no.

I agree to receive a cheaper generic product as an alternative to the original.* Yes No

Migros gift card
CHF 50.-
for your first
repeat prescription*



10M18B

4 Health questionnaire

Please answer the health questions truthfully so that we can ensure maximum safety when it comes to your medication. **Please confirm the correctness of the information by signing so that we can process your order.**

- 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 and non-prescription) do you use in addition to those on your prescription?***
(name, strength, dosage, e.g. Aspirin Cardio 100, 1 × 1 tablet)

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

- 4. Are you pregnant?*** (for completion by women only)
 No Yes, expected date of delivery: _____
Are you breastfeeding? Yes No

After receiving the completed form, we will create your own digital customer account for you. To activate your customer account, you will receive a one-time activation link by e-mail.

No, I do not wish to receive an activation link for my personal customer account by e-mail.

Would you like your doctor to send the prescription directly to the Zur Rose pharmacy in future and if possible?* Yes No

By signing, I accept the General Terms and Conditions in the current version and agree to the processing of my data within the framework of the Swiss Data Protection Act. Our General Terms and Conditions can be found at www.zurrose.ch/agb-online-apotheke.

Date* _____ Signature* _____

** You will receive a Migros gift card worth CHF 50 for your first repeat prescription. Prescriptions for contraception and impotence treatment are excluded. Only valid for orders submitted via the Zur Rose online pharmacy www.zurrose.ch. Cannot be combined with other offers or promotions. The Migros gift card will be sent separately. This offer is valid until 31 December 2022.



Send this form with your original prescription in an envelope to:
Zur Rose Suisse AG, Bereich Online-Apotheke, Postfach 117, 8501 Frauenfeld

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