



Order form for prescription medicines.

Your personal details

*Mandatory fields must be completed.

Customer * Ms Mr **Language** German French Italian English
 First name*/Surname*: _____ Date of birth*: _____

Street*/ No.*: _____ Town and postcode*: _____

Telephone*/ Mobile: _____ e-mail*: _____

Height (cm)*: _____ Weight (kg)*: _____

Delivery address one-off always
 First name/ Surname: _____

Street: _____ 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

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.**

Do you suffer from any of the following health problems?*

- | | | |
|--|--|--|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Coagulation disorders |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Cardiovascular complaints | <input type="checkbox"/> Liver complaints |
| <input type="checkbox"/> Kidney complaints | <input type="checkbox"/> Other: _____ | |

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 x 1 tablet)

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

Questions regarding pregnancy and breastfeeding (for completion by women only)*

Are you pregnant? Yes No If 'Yes', expected date of delivery: _____

Are you breastfeeding? Yes No

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 zurrose.ch/agb.

Date* _____ Signature* _____

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

Print

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 2021.



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GAS/ECR/ICR

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ne pas affranchir
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DIE POST 

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8501 Frauenfeld