



Your personal details

Customer F M

Language D F I

First name/Surname: _____

Date of birth: _____

Street: _____

Town and postcode: _____

Telephone: _____

Mobile: _____

Telephone (work): _____

e-mail: _____

Newsletter: Yes No

Delivery address one-off

always

First name/Surname: _____

Street: _____

Town and postcode: _____

Insurance

Basic insurance: _____

Insurance no.: _____

Supplementary insurance: _____

Insurance no.: _____

May our pharmacists choose generic drugs for you? Yes No

Health questionnaire

These questions are voluntary and their purpose is to increase pharmaceutical drug safety.

Height: _____

Weight: _____

Are you pregnant? Yes No

Due date: _____

Are you breastfeeding? Yes No

Do you suffer from any of the following health problems?

Heart disease/cardiovascular complaints Liver/gallbladder complaints Thyroid illnesses

Asthma/respiratory complaints Gastro-intestinal complaints Sleep disorders

Kidney complaints/dialysis treatment Muscular illnesses Other: _____

Arterial disease/high blood pressure Diabetes _____

What medications do you take in addition to those on your prescription?

Do you suffer from any allergies? If so, which ones? No

Do you have an allergy card? Yes No

Date _____

Signature _____

These details will be used exclusively for your business relationship with Zur Rose Suisse AG and are subject to its data protection regulations.

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

Zur Rose Suisse AG, Bereich Versandapotheke, PO Box 117, CH-8501 Frauenfeld

Any questions? We will be happy to answer them.

Telephone: 0848 842 842, Fax: 0848 843 843, e-mail: versandapotheke@zurrose.ch

* Send us your prescription and as a new customer you will receive a Migros gift card: 50-franc card for your first multiple-use prescription, 10-franc card for your first single-use prescription.



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