



## Patient Referral Form

**Thank you for choosing Beck's!**

As a new customer to Beck's Drugs & Home Healthcare Products, Inc, you are entitled to \$20 off any new or transferred prescription & non-prescription. This offer is good with any new or transferred prescription, or major medical equipment purchase/rental.

Please print out this form, fill it out and bring it into the store.

### **What is a new customer?**

A new customer is a first time customer or a customer who has been non-active for over a year.

### **New Customer Name**

First \_\_\_\_\_ Last \_\_\_\_\_

Phone \_\_\_\_\_

### **New Customer Address**

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

### **Existing Referring Customer Name**

First \_\_\_\_\_ Last \_\_\_\_\_

Phone \_\_\_\_\_

Date of Initial Visit \_\_\_\_\_