

Send in your prescription and order your next medication from MediService.



Where your health comes first.

For any questions, our customer service team is happy to help you at **032 686 20 20**.

*Only for new customers with a permanent prescription

24MSE0042_DFIE_a

Order form

(Fill in and mark with a cross where applicable)

I'm ordering my medication according to the enclosed prescription(s)

Mrs./Ms. Mr.

Language: DE FR IT EN

Surname _____

Name _____

Street/No. _____

Postal code/city _____

Phone _____

Email _____

Date of birth _____

I wish for my original medicines to be replaced by a generic medicine wherever possible.

Desired delivery date _____

My insurance information:

(Please fill out or attach a copy of the insurance card)

Basic insurance _____

Insurance No. _____

Supplementary insurance _____

Insurance No. _____

Please send us the original prescription along with this reply sheet. You can stamp your envelope using the printed stamp on page 2.

Health questionnaire

Filling out the health questionnaire is voluntary. For more information about the use of your personal data, please refer to the privacy policy at www.mediservice.ch/en/privacy.

Your height _____ cm

Your current weight _____ kg

Do you suffer from any of the following health issues?

Diabetes Cardiovascular diseases

Hypertension Liver diseases

Bronchial asthma Kidney diseases

Coagulation disorders

Other diseases, if yes, which ones?

Do you have any intolerances or allergies?
If yes, which ones?

What medications are you taking in addition to those on your prescription?

Are you pregnant? yes no

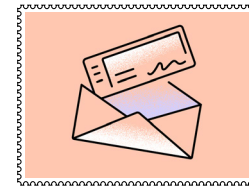
If «yes», expected due date:

Are you breastfeeding? yes no

Date _____

Signature _____

02599



GAS/ECR/ICR

Nicht frankieren
Ne pas affranchir
Non affrancare

50068214
000001



DIE POST



MediService AG
Ausserfeldweg 1
4528 Zuchwil



Notice

Please note that upon receipt of the new prescription at MediService, an order will be **automatically** placed.

If you do not wish for this to happen, please **indicate** accordingly or have it noted directly on the prescription by your doctor.