

0.-

for medication checks  
for reference checks  
for shipping costs

Multimed policyholders benefit from a  
14% PERMANENT DISCOUNT on generics.



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\_DFE\_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](http://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

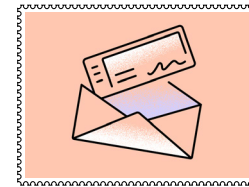
If «yes», expected due date:

Are you breastfeeding?      yes      no

Date \_\_\_\_\_

Signature \_\_\_\_\_

02607



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.