

YALE UNIVERSITY HEALTH SERVICES

TAX/INSURANCE SUMMARY REQUEST

Patient Name _____ Date of Birth _____

SS# _____ Phone Number _____

Mailing address _____

Please send a printout of my prescriptions for the following dates:

From date _____

To date _____

Signature _____

Please remember to complete the "Release of Medical Information" form and submit both forms (tax summary and release) to the Pharmacy. Paperwork can be dropped off at the Pharmacy or mailed to:

Yale University Health Services
17 Hillhouse Avenue
P.O. Box 208237
New Haven, CT 06520-8237
ATTN: Pharmacy