

Order form for prescription medicines



* Mandatory fields



Your personal details

Ms Mr

Language: German French Italian

Date of birth*

First name* / Surname*

Street* / No*

Address supplement

Town and postcode*

Telephone or Mobile*

E-mail*

Height (cm)*

Weight (kg)*



Different delivery address

one-off

always

First name / Surname

Street / No

Town and postcode



Insurance

Basic insurance*

Insurance no.*

Insurance card no.*

Supplementary insurance

Insurance no.

Insurance card no.



I agree to receive a cheaper generic product as an alternative to the original.*

Yes No

** You will receive a Migros gift card worth CHF 30 for your first repeat prescription. Prescriptions for contraception and impotence treatment are excluded. Only valid for orders submitted via the Zur Rose online pharmacy zurrose.ch. Cannot be combined with other offers or promotions. The Migros gift card will be sent separately. This offer is valid until 31 December 2024.

Health questions

Please answer the health questions truthfully so that our team of pharmacists can ensure maximum safety when it comes to your medication. By signing the form, you confirm that your answers are accurate. Your health insurer will not be able to access your information.



10M14E

1. Do you suffer from any of the following health problems?*

Diabetes High blood pressure Coagulation disorders

Asthma Cardiovascular complaints Liver complaints

Kidney complaints Other: _____

None

2. Which medicines (prescription / non-prescription) do you use in addition to those on your prescription?*

(name, strength, dosage, e.g. Aspirin Cardio 100, 1x1 tablet)

3. Do you have any intolerances or allergies?*

No

If so, which ones?

4. Are you pregnant? (for completion by women only*)

No

Yes, expected date of delivery: _____

Are you breastfeeding?

No

Yes

After receiving the completed form, we will create your own digital customer account for you. To activate your customer account, you will receive a one-time activation link by e-mail.

No, I do not want a digital customer account.

By signing, I accept the General Terms and Conditions in the current version and agree to the processing of my data within the framework of the Swiss Data Protection Act. Our General Terms and Conditions can be found at www.zurrose.ch/agb-online-apotheke.

Date* _____ Signature* _____

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

Zur Rose Suisse AG, Bereich Online-Apotheke, Postfach 117, 8501 Frauenfeld

Print