



4390 Colwick Road  
Charlotte NC, 28211  
Phone: 704-364-3444  
Fax: 704-364-1320

## Welcome new Living Water Pediatrics patients!

**Walker's Drug Store**, located in Cotswold is less than 1 mile from **Living Water Pediatrics!** As independent pharmacy providers, our staff is specially trained to deliver concierge-style service to you and your loved ones. We place the utmost importance on developing relationships with our patients, who become not only our friends, but our family as well! **Many of your friends, family, and neighbors are already enjoying the benefits of being part of our extended family.**

Below, is a list of services our pharmacy provides and other useful information for you to know about us!

<b>Accept All Insurances Plans</b>	<b>Personalized Care &amp; Attention</b>
<b>FREE Delivery</b>	<b>Lowest Prices in Town, Guaranteed!</b>
<b>Compounding Services</b>	<b>Blister Packs &amp; Bi-Weekly Dosing Services</b>
<b>FREE Children &amp; Pets' Medication Flavoring</b>	<b>Genetic Testing (NEW!)</b>
<b>Vaccinations</b>	<b>Medication Therapy Management (MTM)</b>
<b>And MUCH, MUCH MORE!</b>	

**Enjoy \$15 credit that you can use towards any of your purchases when you transfer!**

Transferring your prescriptions to our pharmacy will be one of the smartest and easiest decisions you make! Simply fill out the form (on the next page) and check off that you would like to transfer and receive medications, authorizing Walkers Drug Store to become your new pharmacy and **we will do the rest.**

We can discuss what sorts of services you are interested in & tailor this experience around **your family's wants & needs**. We're here for you & cannot wait to build a relationship soon!  
**Please call us if you have any questions or concerns.**

**Staff at Walker's Drug Store:**  
**Pharmacists – Kavel, Sophia, Nate, Simone, & Chi;**  
**Pharmacy Technicians – Mark, Kyle, Ryan, Reba, Tina, Kashira, and Ki;**  
**Drivers: Morrie and Tom**



4390 Colwick Road  
Charlotte NC, 28211  
Phone: 704-364-3444  
Fax: 704-364-1320

## New Family Enrollment Form

In order for us to dispense your family's medications, we need the following information for each family member, so we can prepare and bill accordingly.

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Allergies: \_\_\_\_\_

Current Pharmacy & Phone: \_\_\_\_\_

Insurance Info: (Fill out as much as you can, we can help you with the rest)

Bin: \_\_\_\_\_ PCN: \_\_\_\_\_

Group #: \_\_\_\_\_ ID #: \_\_\_\_\_

Would you like to make Walker's Drugstore your new pharmacy? \_\_\_\_\_

### Additional Family Member(s):

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone (if different than above): \_\_\_\_\_

Allergies: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone (if different than above): \_\_\_\_\_

Allergies: \_\_\_\_\_

*Use the next page for additional family members*

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone (if different than above): \_\_\_\_\_

Allergies: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone (if different than above): \_\_\_\_\_

Allergies: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone (if different than above): \_\_\_\_\_

Allergies: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone (if different than above): \_\_\_\_\_

Allergies: \_\_\_\_\_

Other Comments:

Please call 704-364-3444 if you have any questions or concerns.