



Pharmacy Care
Of
Tennessee

PCTN Loyalty Plan

Name: _____

Date of Birth: _____ Phone: _____

May we text you prescription and pharmacy updates? Yes or No Mobile carrier: _____

Email: _____

Address: _____

Family Members

• Name: _____ DOB: _____

• Name: _____ DOB: _____

• Name: _____ DOB: _____

• Name: _____ DOB: _____

• Name: _____ DOB: _____

• Name: _____ DOB: _____

Enrollment:

PCTN Loyalty

PCTN Loyalty
Plus