

0.-

for medication checks
for reference checks
for shipping costs

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



YOUR
PRESENT:
CHF 50.-
COOP GIFT CARD*



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_DFIE_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.

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

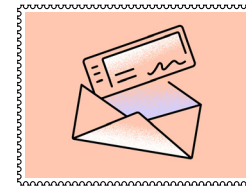
If «yes», expected due date:

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.