



Welcome to RoundtableRx, Minnesota's official repository! We are excited to provide your patients with safe, non-expired medications at no cost, while also reducing medication waste. Please take the time to provide the following information and complete the attached form in full. This step need only be completed once by clinics, health systems, or pharmacies interested in receiving medications from RoundtbaleRx.

1. Name of Clinic, Health System, or Pharmacy

2. Type of Facility

- Clinic (single location)
- Clinic (multiple locations)
- Health System
- Pharmacy (single location)
- Pharmacy (multiple locations)
- Other

3. Address(es) of your site(s) that will receive shipments from RoundtableRx. (Note: We can only serve sites within Minnesota.)

Street Address (include suite number)
City
Zip Code

If multiple sites, additional below:

4. Contact Person (With whom should RoundtableRx communicate?) *For multiple locations, see additional space at the end of this form.*

Name & Title (include site location if there are multiple locations)

Phone Number (include extension)

Email





The information collected in the following questions will help RoundtableRx maintain an inventory that best serves the needs of your patients. This information may also be used by RoundtableRx when applying for grants and other funding to maintain our facilities and operations.

5. Why might your patients choose to use RoundtableRx for their medications? Select all that apply.

- Non-citizen
- Uninsured
- Underinsured or High Deductible
- Medicare "Donut Hole"
- Temporary Dropped Coverage (i.e. between jobs, paperwork issues, etc.)
- Desired Medication Not Covered by Insurance (i.e. prior authorization pending, denied or unavailable)
- Other

6. What are the 5 most common medical conditions affecting the individuals at your clinic, health system, or pharmacy that will be receiving medications from RoundtableRx?

- High Blood Pressure
- High Cholesterol
- Cardiovascular Disease (i.e. atrial fibrillation, peripheral artery disease, etc.)
- Type II Diabetes (Reminder: RoundtableRx does not provide insulins or medications requiring refrigeration.)
- Infectious Disease (please specify)
- Mental Health
- Transplant
- Seizure Disorders
- Lung Disease
- Cancer
- Women's Health
- Men's Health (i.e. BPH, etc.)
- Other

7. Provide 5 or more of the most common medications (or medication classes) that you would order from RoundtableRx. Examples include anticoagulants, ACEI/ARBs, SSRIs, antipsychotics, etc. (Reminder: RoundtableRx does not provide insulins, medications requiring refrigeration, or controlled substances.)





8. How many individual patients do you anticipate serving through RoundtableRx each month?

9. Are there any cultural or dietary restrictions RoundtableRx should consider to best serve your patients? (i.e. Halal certified, Kosher, vegetarian capsules, gluten-free, etc.) *(Optional)*

Lastly, we will provide you, by email after this form is submitted, with a copy of the Notice of Participation Form required by the Minnesota Board of Pharmacy. Please complete, sign and date after you receive it.

Thank you for taking the time to thoroughly complete this form.

Please complete and save this form, and submit as an email attachment to: info@roundtablrx.org

We look forward to providing your patients with the safe, non-expired medications they need at no cost! Our staff will contact you soon to answer any additional questions and to help you place your first order.

Additional Space for Contact Info. (Name & Title, Phone, email)

