

1 Member and physician information — please use black or blue ink. One form per member.

Member ID Number, Gender, Last Name, First Name, MI, Delivery Address, Apt. #, City, State, ZIP, Phone Number, Date of Birth, Email, Physician Name, Physician Phone Number

2 Health history

Medication Allergies, Health Conditions, List all prescription, over-the-counter and herbal medications taken regularly: (use additional sheet if necessary)

3 Refills. To order mail service refills, enter your prescription number(s) here.

1: 2: 3: 4: 5: 6: 7: 8:

4 Pharmacy processing

Generic substitution: FDA-approved generic equivalents will be dispensed for brand-name drugs whenever possible, unless you or your physician indicate otherwise.

Keep on file: If you are including any prescriptions that you want to keep on file for shipment at a later date, please list them here:

Notes to Pharmacy:

5 Payment and shipping information — do not send cash.

Standard delivery is included at no charge. Most prescription orders arrive within 7 days from the date your order is received.

Ship overnight, Charge to my credit card on file, Charge to my NEW credit card, Check enclosed

I authorize Magellan Rx to charge the following amount to my credit/debit card without prior notification: up to \$150 up to \$250 up to \$ (Other Amount Greater than \$250)

For new prescription orders and maintenance refills, this credit card will be billed for copay/coinsurance, and other such expenses related to prescription orders.

Cardholder Signature: Date:

Credit Card Number, Expiration Date

6 Complete your order form

Mail this completed order form with your new prescription(s) to Magellan Rx Pharmacy, PO Box 620968, Orlando, FL 32862. DO NOT STAPLE OR TAPE PRESCRIPTIONS TO THE ORDER FORM.