| 1 Member and physician | informatio | on Please | use black or | blue ink | . One | form per | member. | | | |
|---|---|--|--|---|--------------------------|--|--|--|----------------------|--|
| Member ID Number | | | | | | | | Gend | er M F | |
| Last Name | | First Name | | | | | MI | | | |
| Delivery Address | | | | | | | Apt. # | | | |
| City | State | | Zip Code | | | | Phone Number (list in order of preference) | | | |
| Date of Birth | Email / | Address | | | | | (circle one) () M H W | | | |
| Physician Name | | Physician | er | | | - ()МНW () МНW | | | | |
| Health history | | | | | | | Best time to be reached: AM PM | | | |
| Medication Allergies: Amoxil/Ampicillin Eryth Aspirin NSAID Cephalosporins Penic Codeine Quinc List all prescription, over-the-counter allocation Codeine | llin 🗌 Iones 🗌 | | | Health Co Arthr Asthr Cance Diabe | itis na er etes | Glaucom Heart Co High Bloc High Cho | ndition O Od Pressure Th | one Known steoporosi nyroid Dise thers: | S | |
| 3 Refills To order home | delivery ref | ills, enter y | our prescript | tion num | ber(s) |): | | | | |
| 1: | 2: | | | | 3:4: | | | | | |
| 5: 6: | | | | 7: | | 8: | | | | |
| 4 Pharmacy processing | | | | | | | | | | |
| a generic equivalent unless you check Keep on file: If you are including any p Notes to Pharmacy: | | • | | | a later d | ate, please lis | st them here: | | | |
| 5 Payment and shipping | informatio | n Do not | send cash. | | | | | | | |
| Standard delivery is included at no ch delay in delivering your medications. adjustment. Visit www.magellanrx.co Ship overnight (additional charge | arge. Most pres Please call 800- m/member/for | scription order 424-8274 (TT) ms to downlo | rs arrive within 7 (711) if you have | any questio er forms. | ns. Onc | e shipped, m | | | | |
| call to verify pricing. No P.O. BO | overnight ship | _ | d made payable t | 0 | | macy. | | | | |
| Charge to my NEW credit card. | following | | arge to my credit | | | | | | | |
| I authorize Magellan Rx to charge the up to \$150up to \$250 | - | - | other amount grea | - | | | | | | |
| For new prescription orders and mair my credit card number, I authorize M Customer Service can be contacted at | agellan Rx Pharı | nacy to mainta | ain my credit card | | | | | | | |
| Cardholder Signature: | | | | | | | Date: | | | |
| Credit card number (VISA [®] , Master(| ard [®] , Discover | [®] , or America | n Express®are acc | epted) and | expirati | on date (mor | nth/year) | | | |
| | | | | | / | | | | | |
| 6 Complete your order for | orm | | | | | | | | | |
| Mail this completed order form with TO THE ORDER FORM. | your new preso | cription(s) to N | Aagellan Rx Pharm | nacy, P.O. B | ox 6209 | 68, Orlando, | FL 32862. DO NOT | STAPLE OF | R TAPE PRESCRIPTIONS | |

