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 <sup>®</sup> , Master(	ard <sup>®</sup> , Discover	<sup>®</sup> , 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	

