| 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)<br>() M H W                   |  |                      |  |
| Physician Name  |   | Physician  | er                                       |   |                          | - ()МНW<br>  () 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 🗌<br>Iones 🗌                                   |  |  | Health Co<br>Arthr<br>Asthr<br>Cance<br>Diabe | itis<br>na<br>er<br>etes | Glaucom<br>Heart Co<br>High Bloc<br>High Cho | ndition O Od Pressure Th                   | one Known<br>steoporosi<br>nyroid Dise<br>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<br>Keep on file: If you are including any p<br>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<br>delay in delivering your medications.<br>adjustment. Visit www.magellanrx.co<br>Ship overnight (additional charge   | arge. Most pres<br>Please call 800-<br>m/member/for | scription order<br>424-8274 (TT)<br>ms to downlo | rs arrive within 7 (<br>711) if you have | any questio<br>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<br>up to \$150up to \$250   | -   | -  | other amount grea                        | -   |                          |  |  |  |                      |  |
| For new prescription orders and mair<br>my credit card number, I authorize M<br>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 |  |

