

Home Delivery Order Form

Member ID number							Gender \square M	□F
Last name				First name			MI	
Delivery address							Apt.#	
City State				ZIP Code		Phone number (list in order of preference)		
						(circle		(circle one) M H W
Date of birth Email address			ess					
Physician name			Physician phone number					M H W
Health history			,			Best time to be reached:	AM PM	101 11 00
Drug allergies: Amoxil/Ampicillin Aspirin Cephalosporins Codeine List all prescription, over-t	☐ Erythror ☐ NSAIDs ☐ Penicillir ☐ Quinolor :he-counter a	n nes		ines		☐ Glaucoma ☐ Heart condition ☐ High blood pressure ☐ High cholesterol	☐ None known ☐ Osteoporosi e ☐ Thyroid dise ☐ Others:	s ase
Refills To order	r home de	livery refills	s, enter you	ır prescription	n number(s):			
1:		2:		3:	:	4:		
5:		6:		7:	:	8:		
be responsible for a higher		or the differen	ice hetween th		•	an brand-name drugs. If we disper		
equivalent unless you chee Keep on file: If you are inclu Notes to pharmacy:	ck this box.	I do not acce	pt a generic ed	ne brand and gen quivalent.	neric price of each	an brand-name drugs. If we disper drug. If allowed by your prescribe date, please list them here:		
Keep on file: If you are inclu Notes to pharmacy:	ck this box.	I do not acce	pt a generic ed	ne brand and gen quivalent. keep on file for sk	neric price of each	drug. If allowed by your prescribe		
Keep on file: If you are inclu- Notes to pharmacy: Payment and shi Standard delivery is include	uding any pre	ormation rge. Most presse call 800.424	pt a generic ecut you want to be a generic ecut you want to be a possible of the property of t	ne brand and gen quivalent. keep on file for sh and cash. as arrive within 7 of the short of the	hipment at a later	drug. If allowed by your prescribe	r, we will dispense a	generic an extended
Notes to pharmacy: Payment and shi Standard delivery is included by in delivering your me	ck this box. uding any pre pping inf ded at no cha edicine. Pleas com/Patien nal charges v	ormation rge. Most presses call 800.424	pt a generic ed at you want to be Do not ser scription order 5.8274 (TTY 71 vnload addition	ne brand and gen quivalent. keep on file for sh and cash. as arrive within 7 (1) if you have any anal order forms.	hipment at a later days from the dat y questions. Once	drug. If allowed by your prescribe date, please list them here: e your order is received. We will co	r, we will dispense a	generic an extended
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PrimeTherapeutics.com/HomeDelivery