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	Mail this form to:	
Member ID # (if not shown or if	lifferent from above)	
Please use blue or black ink a New prescriptions - Mail your	nd <b>print in capital letters.</b> Fill in <b>both sides</b> of the new prescriptions with this form.  Number of the section B tell us which refills you need.	of new prescriptions:
A Shipping Address. To ship	o an address different from the one printed abov	M E M Suffix
STREET ADDR	S S A P T #	Use shipping address for this order only.
Daytime phone #	Evening phone #	
Refills. Fill in the oval for each refill you want to order.  Like this	Refills not listed below. See Invoice for informat are not listed below. To order a refill not listed below, wr	ite the prescription number(s) here:
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\*Actual cost may change based on your prescription plan. We may package all of these prescriptions together unless you tell us not to. All claims for prescriptions sent in with this form will be submitted to your prescription benefit plan for payment. If you do not want them submitted to your plan, do not use this form. You may call Customer Care to make alternate arrangements for submission of your order and payment.

	I or new prescription.			O Spanish forms ar	id labels
LASTNAME		FIRST	NAME	Suffix (JR,SR)	
NICKNAME	Gender: () M () F	Date of birth	MM-DD-Y	YYY	
E-mail address:		Date	new prescription	written:	
Doctor's last name	Doctor's fir	st name	Doctor's	phone #	
Allergies: None	h information for 1st pers Aspirin OCephalospor Other:	CONTROL OF THE PROPERTY OF THE	vided or if change OErythromycin		Penicillin
the second contract and the se	hritis () Asthma () Dia () High cholesterol ()			ilaucoma () Heart p Prostate issues ()	
Second person with a r	efill or new prescription.			OSpanish forms ar	nd labels
LASTNAME		FIRST	NAME	Suffix (JR,SR)	
N I C K N A M E	Gender: () M () F	Date of birth		YYY	
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Doctor's last name	Doctor's fir	rst name	Doctor's	s phone #	
Other:	O High cholesterol	Migraine () O	steoporosis () F	Prostate issues ()	Thyroid
Special instructions:					
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Oredit or debit card.	(VISA®, MasterCard®, Dis	scover®, or Amer	rican Express®)		
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