

FAX ORDER FORM

Physician Order Form



INTERCOM: BCOKMPD UPI NO.: PRT 005

TO THE PATIENT:

- Please complete the sections below using **black ink only**. *A credit card number is required at the time the form is submitted.*
- Have your doctor supply the prescription information requested using the prescriber's form below.
- Please allow 2 weeks for delivery from the date your physician faxes your prescription in.

BENEFICIARY INFORMATION																		
Group Number <table border="1" style="width:100%; height: 20px;"> <tr> <td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td> </tr> </table>																	Date of Birth (Mo/Day/Yr) <div style="text-align: center;">/ /</div>	
ID Number (located on ID card) <table border="1" style="width:100%; height: 20px;"> <tr> <td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td> </tr> </table>																		<input type="checkbox"/> Male <input type="checkbox"/> Female
Name (First, Last)		E-mail Address																
Address (please do not use P.O. box)			Daytime Phone ()															
City	State	ZIP Code	Evening Phone ()															
Dr.'s Name		Dr.'s Phone ()																
<input type="checkbox"/> Please check if patient needs large print.		<input type="checkbox"/> Please check if patient needs snap-on caps.																

PAYMENT INFORMATION

PLEASE NOTE: It is standard pharmacy practice to substitute generic equivalents for brand-name drugs whenever possible. Walgreens Mail Service will dispense an FDA-approved generic equivalent whenever available, permitted by your prescriber, and allowable by law. If you do not want a generic equivalent, please call our Customer Care Center to advise.

CREDIT CARD NUMBER (VISA, MasterCard, Discover, American Express) CREDIT CARD EXP.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--

R_x	FOR: _____	DATE: _____
	ADDRESS: _____	TEL: _____
Facsimile Not valid for CII prescriptions Valid only at Walgreens Mail Service		
Dr: _____	Dr: _____	
DISPENSE AS WRITTEN	SUBSTITUTION PERMISSIBLE MAY SUBSTITUTE	
PHYSICIAN NAME (PLEASE PRINT): _____		
REFILL _____ TIMES	ADDRESS _____	
DEA # _____	TELEPHONE # _____	

PATIENT ALLERGIES:	
<input type="checkbox"/> No Known	<input type="checkbox"/> 32-Codeine
<input type="checkbox"/> 70-Penicillin	<input type="checkbox"/> 87-Sulfa
<input type="checkbox"/> 93-Tetracycline	
<input type="checkbox"/> Other (list): _____	

PATIENT HEALTH CONDITIONS:	
<input type="checkbox"/> No Known	
<input type="checkbox"/> 200-Diabetes	
<input type="checkbox"/> 300-Hypertension	
<input type="checkbox"/> 400-Heart Disease	
<input type="checkbox"/> 500-Glaucoma	
<input type="checkbox"/> 600-Stomach Disorders	
<input type="checkbox"/> 700-Thyroid Disorders	
<input type="checkbox"/> 800-Arthritis	
<input type="checkbox"/> Other (list): _____	

PHYSICIAN:
Please fax fully completed form to: Walgreens Mail Service 1-800-332-9581.

Customer Care Center:
1-888-249-1532 (TTY: 1-888-249-1553)
Monday–Friday 8:00 a.m. - 10:00 p.m. (Eastern)
Saturday–Sunday 8:00 a.m. - 5:00 p.m. (Eastern)

Refills by Phone:
1-800-RX-REFILL (1-800-797-3345)
(en español: 1-800-778-5427)

Internet:
www.walgreensmail.com/medicarerx



"Blue Cross and Blue Shield of Oklahoma refers to HCSC Insurance Services Company, which is a wholly owned subsidiary of Health CareService Corporation, a Mutual Legal Reserve Company. These companies are independent licensees of the Blue Cross and Blue Shield Association and offer or provide services for Medicare Part D products under HCSC Insurance Services Company's contract number S5566 with the Centers for Medicare and Medicaid Services."

® Registered Service Marks of the Blue Cross and Blue Shield Association, an Association of Independent Blue Cross and Blue Shield Plans.

SM Service Marks of the Blue Cross and Blue Shield Association, an Association of Independent Blue Cross and Blue Shield Plans.