



# MAIL SERVICE ORDER FORM

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Mail order form to:

FUTURESCRIPTS  
PO BOX 1330  
PITTSBURGH, PA 15230-9906

Enter ID# if not shown or different from above

Prescription Plan Sponsor or Company Name

**DIRECTIONS:** Print in **BLUE** or **BLACK** ink, using CAPITAL letters. Fill in ovals completely (●). Complete both sides of form.

**To order new prescriptions:** Mail your prescription(s) with this form. # of new prescriptions:

**To order refills:** Order by Web, phone, or write in Rx number(s) below. # of refill prescriptions:

**FOR FASTEST SERVICE** to order refills or check order status, go to the web address on your ID card or call toll-free 1-888-678-7013.

### SHIPPING ADDRESS IF NOT SHOWN OR DIFFERENT FROM ABOVE:

Last Name	First Name	MI	Suffix (JR, SR)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address	Apt./Suite#	○ Use this address for this order only.	
<input type="text"/>	<input type="text"/>		
City	State	ZIP Code	
<input type="text"/>	<input type="text"/>	<input type="text"/> - <input type="text"/>	
Daytime Phone #: <input type="text"/> - <input type="text"/> - <input type="text"/>	Evening Phone #: <input type="text"/> - <input type="text"/> - <input type="text"/>		

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### REFILL INFORMATION:

To order mail service refills, enter your prescription number(s) here:

1) _____	2) _____	3) _____	4) _____
5) _____	6) _____	7) _____	8) _____

PENNSYLVANIA LAW PERMITS PHARMACISTS TO SUBSTITUTE A LESS EXPENSIVE GENERICALLY EQUIVALENT DRUG FOR A BRAND NAME DRUG UNLESS YOU OR YOUR PHYSICIAN DIRECT OTHERWISE. IF YOU DO NOT WANT A LESS EXPENSIVE BRAND OR GENERIC DRUG "PRODUCT", PLEASE PROVIDE SPECIFIC INSTRUCTIONS, INCLUDING DRUG NAMES, IN THE "SPECIAL INSTRUCTIONS" SECTION OF THIS FORM.

Prescriptions sent in one envelope may be shipped together unless you request otherwise.

Please turn over to provide additional information.



**FILL IN FOR UP TO TWO PEOPLE WHO WILL RECEIVE PRESCRIPTIONS WITH THIS ORDER**

**1st PERSON ORDERING A PRESCRIPTION**

Easy open caps  Print in Spanish

LAST NAME

FIRST NAME

M

Suffix (JR,SR)

NICKNAME

Gender:  M  F

Date of Birth: MM-DD-YYYY

Your E-mail: \_\_\_\_\_

Date new prescription written: \_\_\_\_\_

Doctor's Last Name

Doctor's First Name

Doctor's Phone #

**ALLERGY/HEALTH INFORMATION: COMPLETE ONLY IF CHANGED OR NOT PREVIOUSLY REPORTED**

Allergies:  None  Aspirin  Cephalosporin  Codeine  Erythromycin  Peanuts  Penicillin  Sulfa  Other: \_\_\_\_\_

Conditions:  Arthritis  Asthma  Diabetes  Acid Reflux  Glaucoma  Heart Problem  High Blood Pressure  High Cholesterol  Migraine  Osteoporosis  Prostate Issues  Thyroid  Other: \_\_\_\_\_

**2nd PERSON ORDERING A PRESCRIPTION**

Easy open caps  Print in Spanish

LAST NAME

FIRST NAME

M

Suffix (JR,SR)

NICKNAME

Gender:  M  F

Date of Birth: MM-DD-YYYY

Your E-mail: \_\_\_\_\_

Date new prescription written: \_\_\_\_\_

Doctor's Last Name

Doctor's First Name

Doctor's Phone #

**ALLERGY/HEALTH INFORMATION: COMPLETE ONLY IF CHANGED OR NOT PREVIOUSLY REPORTED**

Allergies:  None  Aspirin  Cephalosporin  Codeine  Erythromycin  Peanuts  Penicillin  Sulfa  Other: \_\_\_\_\_

Conditions:  Arthritis  Asthma  Diabetes  Acid Reflux  Glaucoma  Heart Problem  High Blood Pressure  High Cholesterol  Migraine  Osteoporosis  Prostate Issues  Thyroid  Other: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

**PAYMENT INFORMATION: Select one payment method below.**

- Electronic Check Processing (Please pre-register online or call Customer Care.)
- Bill Me Later® (Subject to credit approval. Please pre-register online or call Customer Care.)
- Credit/Debit Card (VISA®, MasterCard®, Discover® or American Express®)
  - Charge most recently used credit/debit card
  - Charge new/updated credit/debit card (provide information below)

CREDIT CARD# Exp. Date MMY Y

Check/Money Order: Amount \$ .

Credit Card Holder Signature/Date

Make check/money order payable to FutureScripts and write your ID number on it. Checks returned for insufficient funds will be subject to a fee of up to \$40, depending on state law.

The selected payment method (unless you sent a check or money order) will be charged for future orders for all family members unless a different form of payment is provided. It will also be charged for any outstanding balance due.

Fill in oval if you DO NOT want the selected payment method to be automatically charged for future orders.



**REGULAR DELIVERY IS FREE**  
 (Allow up to 10 days for delivery)  
**Fill in oval for faster delivery:**  
 2nd Business Day \$17 per order  
 Next Business Day \$23 per order  
 (Charges subject to change)  
 Faster delivery options affect only shipping time, not processing time and can be sent only to a street address, not a P.O. box.

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