



MAIL SERVICE ORDER FORM

Mail order form to:


FUTURESCRIPTS
P.O. BOX 2110
PITTSBURGH, PA 15230-2110

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 1-888-678-7012.

SHIPPING ADDRESS IF NOT SHOWN OR DIFFERENT FROM ABOVE:

Last Name

First Name

MI

Suffix (JR, SR)

Street Address

Apt./Suite#

Use this address for this order only.

City

State

ZIP Code

Daytime Phone #:

Evening Phone #:

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 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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