

# New Prescription Mail-in Order Form



Please print using blue or black ink. **One form per member.**

## MEMBER INFORMATION

Member ID #: \_\_\_\_\_ Group #: \_\_\_\_\_  
Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
Delivery Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Primary Phone #: (\_\_\_\_) \_\_\_\_-\_\_\_\_\_  
Date of Birth (mm/dd/yy): \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:  Male  Female Email: \_\_\_\_\_

## MEDICATION ALLERGIES

No known allergies       Cephalosporins       Iodine       Sulfa Drugs       Others: \_\_\_\_\_  
 Amoxicillin/Ampicillin       Codeine       Penicillin       Tetracyclines      \_\_\_\_\_  
 Aspirin       Erythromycin       Quinolones      \_\_\_\_\_

## HEALTH CONDITIONS

None       Depression       Heart problem       Osteoporosis       Others: \_\_\_\_\_  
 Acid Reflux       Diabetes       High blood pressure       Prostate issues      \_\_\_\_\_  
 Arthritis       Epilepsy       High cholesterol       Thyroid – low / high      \_\_\_\_\_  
 Asthma       Glaucoma       Migraine      \_\_\_\_\_

Over-the-counter/herbal medications taken regularly: \_\_\_\_\_

## ADDITIONAL PROCESSING INFORMATION

**Keep on file.** If you are including any prescriptions that you want to keep on file for shipment at a later date, please list them here: \_\_\_\_\_

Notes to pharmacy: \_\_\_\_\_

**Generic substitution.** FDA-approved generic equivalents will be dispensed for brand-name drugs whenever possible, unless you or your physician indicate otherwise. **Brand-name medications may be subject to a higher cost.**

## PAYMENT AND SHIPPING INFORMATION – DO NOT SEND CASH

Standard processing time is 2-3 business days from the date the completed order is received. Serve You DirectRx Pharmacy will contact you if there will be a delay in the processing of your order.

You may log on to the member portal at [www.serve-you-rx.com](http://www.serve-you-rx.com) to use the **What's My Copay** tool or contact **Member Services** at **800-759-3203** to verify drug pricing information before enclosing payment. Once shipped, medications may not be returned for a refund or adjustment.

**Ship overnight.** Add \$35.00 to order amount (subject to change).  
 **Check enclosed.** All checks must be signed and made payable to: Serve You Rx  
 **Charge to my credit card on file.**  
 **Charge to my NEW credit card.**

New Credit Card Number: \_\_\_\_\_

Expiration Date (mm/yyyy): \_\_\_\_/\_\_\_\_

Visa, MasterCard, AMEX and Discover are accepted.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I authorize Serve You Rx to maintain my credit card on file as payment method for any future charges. **I understand that all prescription orders requested by me or new prescriptions provided to Serve You Rx by my physician will automatically be processed and shipped using this card for payment.** To opt out of this selection or to modify payment selection please contact Member Services at 800-759-3203.

**Mail this completed order form with your new prescription(s) to Serve You DirectRx Pharmacy, P.O. Box 26096, Milwaukee, WI 53226. Do not staple or tape prescriptions to the order form.**