

# New Prescription Mail-in Order Form



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

If you have questions or need additional forms, visit [serve-you-rx.com](http://serve-you-rx.com).

**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.**

## PRESCRIPTION BENEFIT CARDHOLDER INFORMATION

Prescription Benefit Plan Name: \_\_\_\_\_

Member ID #: \_\_\_\_\_ Group #: \_\_\_\_\_ BIN #: \_\_\_\_\_ PCN: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:  Male  Female Email Address: \_\_\_\_\_

Permanent Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Delivery Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
(If different than the permanent address)  For this order only

Primary Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  Mobile  Work  Home

Secondary Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  Mobile  Work  Home

## MEDICATION ALLERGIES

No known allergies  Aspirin  Codeine  Iodine  Quinolones  Tetracyclines

Amoxil/Ampicillin  Cephalosporins  Erythromycin  Penicillin  Sulfa Drugs  Others: \_\_\_\_\_

## HEALTH CONDITIONS

None  Asthma  Epilepsy  High blood pressure  Osteoporosis  Others: \_\_\_\_\_

Acid Reflux  Depression  Glaucoma  High cholesterol  Prostate issues

Arthritis  Diabetes  Heart problem  Migraine  Thyroid – low / high

**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 & SHIPPING Do not send cash.

- Ship overnight** (Please add \$35 to order amount)
- Check** (Payable to: Serve You DirectRx Pharmacy) Total Amount Enclosed: \$ \_\_\_\_\_
- Charge to my credit card on file**
- Charge to a NEW credit card:**  Mastercard  VISA  American Express  Discover

Standard processing time for orders is 2–3 business days from the date the completed order is received at the pharmacy. Please allow additional time for delivery when placing your order. *Serve You DirectRx* will contact you if there will be a delay in processing your order. Once shipped, medications may not be returned for a refund or adjustment.

Name as it Appears on Credit Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_ Billing ZIP Code: \_\_\_\_\_

Credit Card #: \_\_\_\_\_ – \_\_\_\_\_ – \_\_\_\_\_ Expiration Date (month/year): \_\_\_\_/\_\_\_\_

Cardholder Signature: \_\_\_\_\_ Today's Date (month/day/year): \_\_\_\_/\_\_\_\_/\_\_\_\_

I authorize Serve You DirectRx Pharmacy to maintain this NEW credit card on file and use as payment for future charges.

Signature: \_\_\_\_\_ Today's Date (month/day/year): \_\_\_\_/\_\_\_\_/\_\_\_\_