Mail to: Walgreens Pharmacy Scotts Wellness Center 14210 Scottslawn Road Marysville, OH 43041

Prescription Mail Order Form

Please allow 14 calendar days for delivery. New prescription orders may take up to 21 days for delivery.

Monday - Friday

Hours - Eastern Standard Time 7:30am - 5:30pm

Employ	/ee/Retiree Information				
Cardholder's name				Cardholder's ID number	
Street	Apt.	E-mail address		Phone (day/evening)	
number					
City		State		Zip Code	
Derre	ant Information				
Payn	nent Information				
□VISA	□MasterCard □ Discover Card Account Number:			Exp Date:	/MM/YY
Please	sign for credit card order		_		

* Orders will not be shipped until payment is received in full. Please check your invoice when this prescription arrives for the actual amount billed to your card.

Patient Information								
1. All new prescription orders must be accompanied by o	Please mail this order to the address above.							
2. Each prescription order must be accompanied by a sep	□ I will pick up this order at the Scott's Walgreens Pharmacy.							
Name of patient for whom the prescription is enclosed	Date of Birth	Sex	Relationship:					
		Male	Self Spouse	Child				
		🗖 Female						
Have you taken this medication before? Yes No	Have you taken this medication before? Tes No Do you want safety caps included in your order? Yes No							
Walgreens pharmacists will dispense federally approved, generic equivalent medications for brand-name medications, when available. I do not want to receive a generic equivalent (please be aware if you check this box, you will be responsible for a higher copayment)								
Doctor's name and phone number								
Drug allergies/health concerns (enclose additional information on a separate sheet of paper.)								
Other medication being taken (including over-the-counter pro	oducts)							

Refill Prescription Orders							
Refill numbers	Patient name	Medication names					
Refill numbers	Patient name	Medication names					