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

Prescription Mail Order Form

Customer Service 877-272-6887 877 2 SCOTTS

Hours – Eastern Standard Time Monday - Friday 7:30am - 5:30pm

Employee/Retiree Information					
Cardholder's name				Cardholder's ID number	
Street number	Apt.	E-mail address		Phone (day/evening)	
City		State		Zip Code	
Payment Information					
,	r Card Account Number:			Exp Date: / MM/YY	
Please sign for credit card order					
* Orders will not be shipped until payment is received in full.					
Patient Information					
All new prescription orders must be accompanied by original prescription.			☐ Please mail this order to the address above. ☐ I will pick up this order at the Scott's Walgreens Pharmacy.		
Name of patient for whom the pr	escription is enclosed	Date of Birth	Sex Male	Relationship:	
Have you taken this medication before? ☐ Yes ☐ No Do you want safety caps includedin your order? ☐ Yes ☐ N					
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 products)					
Defil Dreseriation Orders					
Refill Prescription Orders Refill numbers	Patient name			Medication names	
Refill numbers	Patient name			Medication names	