**PrimeMail**

**Mail Service Registration & Prescription Order Form**

Use this form to register/submit your first prescription order. You can also register at Walgreens.com/PrimeMail. DO NOT staple, tape or paperclip anything to this form.

Please print clearly using only BLACK INK and UPPERCASE letters. Fill in the applicable circles completely (●). Not all ID and Group Number boxes may be needed.

### PATIENT INFORMATION

- **Patient ID Number (Located on card)**
- **Email Address (To receive information regarding the processing of your order)**
- **Suffix (If on card)**
- **BIN (Located on card)**
- **PCN (Located on card)**
- **Group Number (Located on card)**

### PATIENT

<table>
<thead>
<tr>
<th>Allergies</th>
<th>Health Conditions</th>
<th>Order Preference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aspirin</td>
<td>Arthritis</td>
<td>Large-print vial labels</td>
</tr>
<tr>
<td>Cephalosporin</td>
<td>Asthma</td>
<td>Spanish vial labels</td>
</tr>
<tr>
<td>Codeine derivatives</td>
<td>Diabetes</td>
<td></td>
</tr>
<tr>
<td>Morphine derivatives</td>
<td>Glaucoma</td>
<td></td>
</tr>
<tr>
<td>Penicillin</td>
<td>Heart disease</td>
<td></td>
</tr>
<tr>
<td>Sulfa drugs</td>
<td>Hypertension</td>
<td></td>
</tr>
<tr>
<td>None known</td>
<td>Pregnancy</td>
<td></td>
</tr>
<tr>
<td>Other (Use lines below)</td>
<td>Thyroid disease</td>
<td></td>
</tr>
<tr>
<td></td>
<td>None known</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other (Use lines at right)</td>
<td></td>
</tr>
</tbody>
</table>
**DEPENDENT INFORMATION**

- **Gender**
  - Male
  - Female
- **Date of Birth [MM/DD/YYYY]**
- **Suffix (If on card)**
- **Email address (To receive information regarding the processing of your order)**

**Dependent Last Name**

**Dependent First Name**

**Prescriber Last Name**

**Prescriber First Initial**

**Prescriber Phone**

**Prescriber Fax**

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**DEPENDENT**

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<tr>
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<tr>
<td></td>
<td>○ Other (Use lines below)</td>
<td></td>
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</tbody>
</table>

**Health Conditions**

- ○ Arthritis
- ○ Asthma
- ○ Codeine derivatives
- ○ Glaucoma
- ○ Hypertension
- ○ Diabetes
- ○ Pregnancy
- ○ Thyroid disease
- ○ Heart disease
- ○ None known
- ○ Other
  - (Use lines below)

**Order Preference**

- ○ Large-print vial labels
- ○ Spanish vial labels

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**ORDER INFORMATION—If including a prescription order, please complete this section.**

Please allow 10 business days from the time that you place your order to receive your prescription(s). A refill order form and return envelope will be included with your shipment.

Generic equivalents are usually less expensive than brand name drugs. If we dispense a brand name drug, you may be responsible for a higher copayment and/or the difference between the brand and generic price of each drug. If allowed by your prescriber, we will dispense a generic equivalent unless you check this box.

☑ I do not accept a generic equivalent.

By submitting this form, you have authorized release of all information to Walgreens (and other necessary parties) as required to process your order under your benefit plan.

Total number of prescriptions in this order: [ ]

Total included for copay(s): $ [ ]

- ○ Standard Shipping
  - $ [ ]
- ○ Next Business Day ($19.95†)
  - $ [ ]
- ○ 2nd Business Day ($12.95†)
  - $ [ ]

Total Payment Due: $ [ ]

†Shipping prices may be subject to change by carrier without notification and may vary depending upon weight and zone.

Please print your name and date of birth on all prescriptions; enclose them along with this completed form and mail to:

Walgreens Mail Service
P.O. Box 29061
Phoenix, AZ 85038-9061

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**WI0309-0617**