

**DEPENDENT INFORMATION**

- Male
 Female

Date of Birth [MM/DD/YYYY] / /

For separate shipping, please contact the Customer Care Center toll free at 800-345-1985.

Dependent Last Name

Dependent First Name

Suffix (if on card)

Email address (To receive information regarding the processing of your order)

Prescriber Last Name

Prescriber First Initial

Prescriber Phone

Prescriber Fax

DEPENDENT**Allergies****Health Conditions****Order Preference**

- Aspirin Penicillin
 Cephalosporin Sulfa drugs
 Codeine derivatives None known
 Morphine derivatives Other (Use lines below)

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

- Large-print vial labels
 Spanish vial labels
 Automatic refill~~‡~~
~~‡~~ Fill in this circle if you would like us to automatically refill your prescriptions in the future.

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 AllianceRx Walgreens Prime (and other necessary parties) as required to process your order under your benefit plan.

Total number of prescriptions in this order

- Standard shipping **NO CHARGE**
 Next business day (\$19.95†) \$.
 Second business day (\$12.95†) \$.

Total Payment Enclosed.....\$

†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:

AllianceRx Walgreens Prime
P.O. Box 29061
Phoenix, AZ 85038-9061

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