

Walgreens.com[®] Prescription Order Form

Thank you for your prescription order. Please complete this form and mail it, along with your original prescription(s), to the address listed below. Your order should arrive in approximately 2 weeks from the date you mail this form.

Please use black ink only.

This form is only for Walgreens.com pharmacy orders.

If you want to order prescriptions from Walgreens Mail Service, a coverage benefit typically for 90-day prescriptions, please use the Print Registration & Order Form available at Walgreensmail.com.

PATIENT INFORMATION

Name (whose prescription is enclosed): _____

First

Middle Initial

Last

Billing Address: _____

Street

Suite or Apt. #

City

State

ZIP code

Shipping Address: _____

(If different than Billing Address)

Street

Suite or Apt. #

City

State

ZIP code

Primary Phone:

Date of Birth:

Female:

Male:

Email Address: _____

DOCTOR INFORMATION

Doctor's Name: _____ Doctor's Phone:

First

Last

If your prescriber has allowed, a generic equivalent will be dispensed unless you check the following box: I do not accept a generic equivalent.

PRESCRIPTION INSURANCE INFORMATION

Plan Name* (per ID card): _____

Primary Cardholder Name: _____

First

Middle Initial

Last

Cardholder Phone:

Cardholder Date of Birth:

Patient's Relationship to Cardholder: _____

Member Number:

Group Number:

BIN Number:

Insurance Provider Phone:

*Some insurance plans processed at your local Walgreens may not be available through the Walgreens.com Internet pharmacy.

CREDIT CARD INFORMATION

Credit Card Number:

(Visa, MasterCard and Discover, numbers are 16 digits. American Express is 17 digits.)

Expiration Date: / /

(examples: 06/30/10 or 06/10)

Name (as it appears on card): _____

First

Middle Initial

Last

ORDER INSTRUCTIONS

Please enclose your original prescription(s) along with this form and mail to:

www.Walgreens.com
8350 South River Parkway
Tempe, AZ 85284-2615