



Physician:

Fax completed form to PrimeMail Pharmacy at **877.PRIME.60 (877.774.6360)**

Patient:

PrimeMail Pharmacy is your mail service pharmacy. Please make every attempt to obtain a new written prescription from your physician and send it with a PrimeMail Pharmacy Order Form and payment to:

PrimeMail Pharmacy
P.O. Box 650041,
Dallas, TX 75265-0041

To facilitate your prescription, follow these steps to obtain your prescription:

- Complete the Member, Patient and Payment Sections below using **black ink** only. A credit card number is required at the time the form is submitted.
- Ask your doctor to fill out the Prescription Section and fax this form to **877.PRIME.60**. Orders not faxed from a licensed physician's office will not be processed.
- Please allow 10 to 14 days for delivery from the date your physician faxes your prescription in.

PRESCRIPTION SECTION



For _____ Date _____
Address _____ Phone _____

Dr _____ Dr _____

Physician Name (Please Print) _____

Refills _____ Times Address _____

DEA# _____ Phone _____

CONTINUED ON BACK ➡



PrimeMail™ Pharmacy Fax Order Form — PAGE 2 OF 2

MEMBER SECTION		
Member ID Number		Member Date of Birth
Member Name (First, Last)	Daytime Phone	Evening Phone
Address		
City	State	Zip
Patient Email Address		<input type="checkbox"/> Male <input type="checkbox"/> Female
PATIENT ALLERGIES <input type="checkbox"/> Aspirin <input type="checkbox"/> Sulfa <input type="checkbox"/> Codeine <input type="checkbox"/> Tetracycline <input type="checkbox"/> Penicillin <input type="checkbox"/> Other Condition	PATIENT CONDITIONS <input type="checkbox"/> Diabetes <input type="checkbox"/> Hypertension <input type="checkbox"/> Epilepsy <input type="checkbox"/> Ulcer <input type="checkbox"/> Glaucoma <input type="checkbox"/> Other Condition <input type="checkbox"/> Heart condition	
Physician Name		Physician Phone
PrimeMail Pharmacy staff may contact your physician for clarification and safety purposes, which may result in your physician prescribing a different, clinically-appropriate product. PrimeMail Pharmacy will dispense FDA-approved generic equivalents when available and appropriate.		
Credit Card Number		Expiration Date (MM/YY)
<input type="checkbox"/> American Express <input type="checkbox"/> Discover <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa		
<div style="border: 1px solid black; padding: 5px; min-height: 40px;"> Credit Card Holder's Signature </div>		

