C **Tell us about the people getting prescriptions.** If there are more than two people, please complete another form.

1st person with a refill or new prescription. This person needs: ◯ Spanish forms and labels

Last name | First name | MI | Suffix (Jr, Sr)

Nickname | Gender: ◯ M ◯ F | Date of birth (MM-DD-YYYY)

Email | Date new prescription was written

Doctor's last name | Doctor's first name | Doctor's phone #

Tell us about new allergies or health information for this person. Only tell us new information.

Allergies: ◯ None ◯ Aspirin ◯ Cephalosporin ◯ Codeine ◯ Erythromycin ◯ Peanuts ◯ Penicillin ◯ Sulfa ◯ Other: _____

Health information: ◯ Arthritis ◯ Asthma ◯ Diabetes ◯ Acid reflux ◯ Glaucoma ◯ Heart problems ◯ High blood pressure ◯ High cholesterol ◯ Migraine ◯ Osteoporosis ◯ Prostate issues ◯ Thyroid ◯ Other: _____

2nd person with a refill or new prescription. This person needs: ◯ Spanish forms and labels

Last name | First name | MI | Suffix (Jr, Sr)

Nickname | Gender: ◯ M ◯ F | Date of birth (MM-DD-YYYY)

Email | Date new prescription was written

Doctor's last name | Doctor's first name | Doctor's phone #

Tell us about new allergies or health information for this person. Only tell us new information.

Allergies: ◯ None ◯ Aspirin ◯ Cephalosporin ◯ Codeine ◯ Erythromycin ◯ Peanuts ◯ Penicillin ◯ Sulfa ◯ Other: _____

Health information: ◯ Arthritis ◯ Asthma ◯ Diabetes ◯ Acid reflux ◯ Glaucoma ◯ Heart problems ◯ High blood pressure ◯ High cholesterol ◯ Migraine ◯ Osteoporosis ◯ Prostate issues ◯ Thyroid ◯ Other: _____

D **Special instructions:** _____

E **How would you like to pay for this order?** Fill in the oval to choose a payment method.

◯ **Electronic check.** Pay from your bank account. Call Customer Care at 1-888-346-3731.

◯ **Credit or debit card.** (Visa®, MasterCard®, Discover®, or American Express®)

◯ Fill in this oval to use your card on file.

◯ Fill in this oval to use a new card or to update your card expiration date.

Account # | Exp. Date (MMYY) | Cardholder signature/date

◯ Fill in this oval if you **DO NOT** want to use this payment method for future orders.