



PrimeMail® Pharmacy Order Form – MEMBER INFORMATION

INSTRUCTIONS: Please PRINT in CAPITAL letters using **black ink** only. Fill in the applicable ovals completely (●).

Questions? Call PrimeMail Pharmacy at 877.35.PRIME (877.357.7463) or visit our web site at www.myrxhealth.com.

¿Preguntas? Llame la farmacia de PrimeMail en 877.357.7463 o el registro sobre nuestro sitio del web en www.myrxhealth.com.

Member and Dependent History Section information is required only on the first order unless there is a change in health status.

Indicate all known allergies, conditions or other current medications for you, your spouse, or your dependents by filling in the corresponding oval that matches the description. Please detail * as necessary. Contact your physician if you are unsure about any of this information.

If a family member does not want his or her medicine sent in the same package as that of other family members, he or she should complete a separate form.

MEMBER AND DEPENDENT HISTORY SECTION

Member ID Number (on face of member ID card)

Member Last Name

Sex: M F

Member First Name

MI

Birth Date (MM/DD/YYYY)

PCN (shown on ID card)

Member Phone Number

Permanent Address

City

State

Zip Code

Email Address

* Please detail "other allergy " or "other condition," including related medications. _____

ALLERGIES							CONDITIONS							
None Known	Aspirin	Codeine	Penicillin	Sulfa	Tetracycline	Other Allergy*	None Known	Diabetes	Epilepsy	Glaucoma	Heart Condition	Hypertension	Ulcer	Other Condition*
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Dependent Last Name

Sex: M F

Dependent First Name

MI

Birth Date (MM/DD/YYYY)

Email Address

ALLERGIES							CONDITIONS							
None Known	Aspirin	Codeine	Penicillin	Sulfa	Tetracycline	Other*	None Known	Diabetes	Epilepsy	Glaucoma	Heart Cond.	Hypertension	Ulcer	Other*
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* Please detail "other allergy " or "other condition." _____

Dependent Last Name

Sex: M F

Dependent First Name

MI

Birth Date (MM/DD/YYYY)

* Please detail "other allergy " or "other condition." _____

ALLERGIES							CONDITIONS							
None Known	Aspirin	Codeine	Penicillin	Sulfa	Tetracycline	Other*	None Known	Diabetes	Epilepsy	Glaucoma	Heart Cond.	Hypertension	Ulcer	Other*
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Dependent Last Name

Sex: M F

Dependent First Name

MI

Birth Date (MM/DD/YYYY)

* Please detail "other allergy " or "other condition." _____

ALLERGIES							CONDITIONS							
None Known	Aspirin	Codeine	Penicillin	Sulfa	Tetracycline	Other*	None Known	Diabetes	Epilepsy	Glaucoma	Heart Cond.	Hypertension	Ulcer	Other*
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

• **Do you want the Generic?** ___ Yes (if available and your doctor permits) ___ No

• Some health plans require the patient to pay the difference between generic and brand name cost. State law allows pharmacist to substitute a less expensive generically equivalent drug for a brand drug unless you or your physician directs otherwise.

