

## Mail Service Request Form

This form is used to order refills or new prescriptions. Please mail this form 14 days in advance before your medication runs out and enclose the appropriate copayment amount.

Patient Information			CO-PAY PER PRESCRIPTION		
Name:		D.O.B.: / /	OO-PATTERT RECORD TION		
Address:			<b>Brand Name \$9.00</b>		
City, State, Zip:			Generic \$3.00		
Phone# Day: Evening:		Sex:	Please call if assistance is needed with		
Cardholder ID #:	Rx Group #:		calculating co-payment amounts.		
Check here if this is a change of address. Will t	his be a <b>temporary address</b>	change? YES 🔲 NO 🗌	. ,		
Please no child-proof caps (By requesting easy open ca any and all obligations to pro	ps, I acknowledge and agree to re ovide child resistant packaging und	lease Maxor Pharmacies from ler the Poison Prevention Act.)	Payment Method:		
Physician Information and Medical History	Drug Allergies:		☐ check/money order		
Primary Care Doctor:	□ None	☐ Codeine	☐ VISA ☐ MasterCard ☐ Discover		
	☐ Sulfa	☐ Aspirin	☐ American Express		
Physician's Phone #:	☐ Penicillin	☐ Other	One dit Condit		
Current Medications (including over-the-counter):	Medical Conditions / Diseases:		Credit Card# / / /		
	☐ Thyroid	☐ High Blood Pressure	Exp. Date /		
	☐ Diabetes	☐ Glaucoma	Signature  Check to decline keeping credit card information on file at the pharmacy		
	☐ Heart Condition	☐ Intestinal Disorders			
	☐ Lung Condition	☐ Other			
low to Order Refills	Order Refill F	Prescriptions He	ere:		
v Mail: Complete the Patient Information Payment	Dy Number Nem	o of Madigation	Strongth Dector's Name Co novement		

Method, and Order Refill sections and mail to Maxor Pharmacies Mail Service.

By Phone: Call toll free 1-866-408-2459 and use our automated system to enter the Rx number printed on your prescription label, or speak to a customer service representative during normal business hours.

By Internet: www.maxor.com

Order Refill Prescriptions Here:						
Rx Number	Name of Medication	Strength	Doctor's Name	Co-payment		

For Office Use:

CC CK# Amt

**FNCLOSE CORRECT**