

Pharmacy Profile Form

Patient/Member Instructions

Thank you for choosing Rx 'n Go. Please complete and submit this form **if this is your first time using this service**. You, and each of your eligible dependents, must submit a separate form to Rx 'n Go before your first prescription is filled.

Submit the profile information one of two easy ways:

1. **Online** at www.rxngo.com. Complete the online Pharmacy Profile Form and submit.
2. Complete and **Fax** this form to 888.697.0646.

Talk to your physician about all of your current medications in order to avoid potential harmful interaction. If you have questions, contact Rx 'n Go at 888.697.9646.

Patient Information

Employer Name: **Anderson University**

Last Name (Employee/Member)		First Name	MI	Email	Mobile Number
Address		City	State	ZIP	Telephone Number
Patient Name (if different from above)		Patient's Date of Birth		M	F
Patient's Address (if different from above)		City	State	ZIP	

Note - prescription status will be provided by email or mobile phone

Healthcare Provider Information

Name	Telephone Number
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Verify available generic medications at www.rxngo.com or by telephone, 888.697.9646. Only the healthcare practitioner or designee who authorized the prescription can fax the prescription. To submit a prescription, please fax a 90-day (or longer) prescription along with this form to 888.697.0646 or call in the prescription at 888.697.9646. You can also submit a prescription through E-scribe at **Specialty Medical Drugstore** If the patient submits the prescription by mail, the patient must mail the original prescription.

Patient Allergies

None
 Aspirin
 Codeine
 Penicillin
 Sulfa
 Tetracyclin

Other (please list) _____

Patient Conditions

None
 Diabetes
 Epilepsy
 Glaucoma
 Heart Condition
 Hypertension
 Ulcer

Other (please list/describe) _____

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