FAX ORDER FORM
Physician Order Form

Blue Cross Blue Shield of Michigan

A nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association

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INTERCOM: PAIDMPD UPI NO.: BCM 003

TO THE PATIENT:
- Please complete the sections below using **black ink** only. *A credit card number is required at the time the form is submitted.*
- Have your doctor supply the prescription information requested using the prescriber's form below.
- Please allow 10 business days for delivery from the date your physician faxes your prescription in.

BENEFICIARY INFORMATION

Group Number: B C B S M M E D

Date of Birth (Mo/Day/Yr): / /

ID Number (located on ID card): 0 0 1

☐ Male ☐ Female

Name (First, Last)

E-mail Address

Address (please do not use P.O. box)

Daytime Phone ( )

City | State | ZIP Code | Evening Phone ( )

Dr. Name

Dr. Phone ( )

☐ Please check if patient needs large print. ☐ Please check if patient needs snap-on caps.

PAYMENT INFORMATION

PLEASE NOTE: It is standard pharmacy practice to substitute generic equivalents for brand-name drugs whenever possible. Walgreens Mail Service will dispense an FDA-approved generic equivalent whenever available, permitted by your prescriber, and allowable by law. If you do not want a generic equivalent, please call our Customer Care Center to advise.

CREDIT CARD NUMBER (VISA®, MasterCard®, Discover®, American Express®)

CREDIT CARD EXP. /

℞

FOR: _____ DATE: _____

ADDRESS: _____ TEL: _____

Facsimile Not valid for CII prescriptions
Valid only at Walgreens Mail Service

Dr: _____ DISPENSE AS WRITTEN

Dr: _____ SUBSTITUTION PERMISSIBLE MAY SUBSTITUTE

PHYSICIAN NAME (PLEASE PRINT): _____

REFILL _____ TIMES ADDRESS _____

DEA # _____ TELEPHONE # _____

PATIENT ALLERGIES:

☐ No Known ☐ 32-Codeine
☐ 70-Penicillin ☐ 87-Sulfa
☐ 93-Tetracycline
☐ Other (list):

PATIENT HEALTH CONDITIONS:

☐ No Known
☐ 200-Diabetes
☐ 300-Hypertension
☐ 400-Heart Disease
☐ 500-Glaucoma
☐ 600-Stomach Disorders
☐ 700-Thyroid Disorders
☐ 800-Arthritis
☐ Other (list):

PHYSICIAN:

Please fax fully completed form to:
Walgreens Mail Service
1-888-595-1258.