

Walgreens.com[®] Prescription Order Form

Please complete this form and mail it, along with your original prescription(s), to the address listed below. Order will ship approximately 5-10 business days after processing. Typical processing time is 2 business days after receipt of this form. **Please use black ink only.**

This form is NOT for Walgreens Mail Service pharmacy orders. If you want to order prescriptions from Walgreens Mail Service, a coverage benefit typically for 90-day prescriptions, please use the form available at walgreens.com/mailservice.

PATIENT INFORMATION (who the prescription is for)			
First Name:		Middle Initial:	Last Name:
Shipping Address:			
Phone Number:			Date of Birth:
Female	Male	Email Address:	
State ID or Driver's License Number:			
Allergies:		Health Conditions:	
DOCTOR INFORMATION			
First Name:		Last Name:	Phone:
If your prescriber has allowed, a generic equivalent will be dispensed unless you check the following box		Request a 90-day supply (if approved by doctor or eligible from insurance provider)	
PRESCRIPTION INSURANCE/DISCOUNT CARD INFORMATION			
Plan Name* (per ID card):		Member Number:	
Group Number:	BIN Number:	PCN Number: (if available)	
Insurance Provider Phone:			
Primary Cardholder Name:			
Cardholder Phone:		Cardholder Date of Birth:	
Patient's Relationship to Cardholder:			
Bill my plan for this prescription		Do NOT bill my plan for this prescription	
*Some insurance plans processed at your local Walgreens may not be available through the Walgreens.com online pharmacy.			
CREDIT CARD INFORMATION			
Name (as it appears on card)			
Credit Card Number:		Expiration Date:	
Billing Address:			
ORDER INSTRUCTIONS			
Shipping method: Standard shipping (free)		Expedited shipping (\$10.95)	Overnight shipping (\$19.95)
Please enclose your original prescription(s) along with this form and mail to: www.walgreens.com PO Box 29063 Phoenix, AZ 85038			