

OTC Mail-Order Form

PLEASE PRINT CLEARLY



Thank you for choosing the OTC Elderplan Program offered by Orchard Pharmaceutical Services.
Please complete the form and return to Orchard by mail or fax.

P.O. Box 3094 • North Canton, OH 44720 • Fax: 866-909-5171

MEMBER & SHIPPING INFORMATION

Last Name: _____ First Name: _____ Middle Initial _____

Address: _____ Apt# _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Cell Phone or Alternate Number: _____

Date of Birth: _____ Sex: Male Female E-Mail: _____

ORDER FORM – ELIGIBLE OTC PRODUCTS

Please clearly PRINT the following information for each item ordered. Orders are processed by item numbers.
Please verify you have listed the correct item number and have added a brief description.

Item #	Product Description:	Price Each:	Quantity:	Total:
			x	=
			x	=
			x	=
			x	=
			x	=
			x	=
			x	=
			x	=
			x	=
			x	=

Notes:

Grand Total:

