

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 only for Walgreens.com 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 walgreenshealth.com.

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		