

1 Please use black or blue ink and mail this completed order form with your new prescription(s). DO NOT STAPLE OR TAPE PRESCRIPTIONS TO THE ORDER FORM.

Primary Member ID Number: Plan Name:		(Additional coverage, if applicable) Secondary Member ID Number: Plan Name:	
Last Name		First Name	MI
Delivery Address			Apt. #
City	State	ZIP	Phone Number ()
Date of Birth (mm/dd/yyyy) / /	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Email	
Physician's Name		Physician's Phone Number ()	

2 Health history

If you are a new customer or your allergies or health conditions have changed, please indicate below. The information you provide will allow a more complete review of your current medication request.

Notes to Pharmacy:

3 Generic substitution

FDA-approved generic equivalents will be dispensed for brand-name medications whenever possible, unless you or your physician indicate otherwise. If you require brand-name medications, please list those medications with a "brand-name only" notation below. Note: brand-name medications may be subject to a higher cost.

Notes to Pharmacy:

4 "Keep on file". Do not ship.

All prescriptions will be shipped unless otherwise indicated. If you are including any prescriptions that you want to keep on file for shipment at a later date, please list them below.

Do not ship the following medications:

5 Payment and shipping information — do not send cash.

Standard delivery is at no charge. Most orders arrive about 7 days from the date your completed order is received. If clarification of your order is required, delivery may take longer. If you would like overnight shipping, please indicate below. Please note that expedited shipping only affects shipping time, not the processing time of your order.

You may log on to www.PrescriptionSolutions.com to see if drug pricing information is available before enclosing payment. Once shipped, medications may not be returned for a refund or adjustment.

- Ship overnight.** Add \$12.50 to order amount (subject to change).
- Check enclosed.** All checks must be signed and made payable to Prescription Solutions by OptumRx.
- Charge to my credit card on file.**
- Charge to my NEW credit card.** Visa, MasterCard, AMEX and Discover are accepted.

New Credit Card Number	Expiration Date (Month/Year)
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Signature: _____ Date: _____

This credit card will be billed for applicable medications, overnight shipping and outstanding balances. **I authorize Prescription Solutions by OptumRx to maintain my credit card on file as payment method for any future charges or outstanding balances.** To modify payment selection, please contact Customer Service.