VIVO Health Pharmacy

NEW PRESCRIPTION MAIL-IN ORDER FORM

1 Member and Physician Information - please use black or blue ink. One form per member.

Member ID Number	(Additional coverage, if applicable) Seconday Member ID Number		
Last Name	First Name	MI	
Delivery Address		Apt #	
City	State	Zip	Phone Number with Area Code
Date of Birth (mm/dd/yyyy)	Gender	Email	
Physician Name		Physician Phone Number w/Area Code	

2 Health History

Medication Allergies:	❍ Aspirin	❍ Erythromycin	❍ Quinolones	❍ Others: _____
❍ None known	❍ Cephalosporins	❍ NSAIDS	❍ Sulfa	_____
❍ Amoxil/Ampicillin	❍ Codeine	❍ Penicillin	❍ Tetracyclines	_____
Health Conditions:	❍ Asthma	❍ Glaucoma	❍ High Cholesterol	❍ Others: _____
❍ None known	❍ Cancer	❍ Heart Condition	❍ Osteoporosis	_____
❍ Arthritis	❍ Diabetes	❍ High Blood Pressure	❍ Thyroid Disease	_____

Over-the-counter/herbal medications taken regularly:

3 Pharmacy Processing

Generic substitution. FDA-approved generic equivalents will be dispensed for brand-name drugs whenever possible, unless you or your physician indicate otherwise. Brand-name medications may be subject to a higher cost. **If you require brand-name medicaitons, please list those medications here:**

Automatic refills. This is an optional service that Vivo Health Pharmacy provides.

❍ Yes, I would like Vivo Health Pharmacy to automatically refill my prescriptions and mail them to me.

Notes to Pharmacy:

4 Payment & Shipping Information - DO NOT SEND CASH

Standard delivery is included at no charge. New Prescriptions should arrive within 10 business days from the date the completed order is received. Completed refill orders should arrive within 7 business days. Vivo Health Pharmacy will contact you if there will be an extended delay in delivering your medications.

❍ Charge to my credit card on file

❍ Charge to my NEW credit card

Visa, Mastercard, AMEX, and Discover are accepted

Credit Card Number	
Expiration Date (mm/yyyy)	Date

By supplying my credit card number, ***I authorize Vivo Health Pharmacy to maintain my credit card on file as payment method for this and any future charges.*** *To modify payment selection, contact customer service at any time.*

Signature:

Fax the completed form to Vivo Health Mail Order Pharmacy at (516) 266-5332.