

NEW PRESCRIPTION MAIL-IN ORDER FORM

| Medicional coverage, if applicable) Seconday Member ID Number | 1 Member and Physician Information - please use black or blue ink. One form per member. | | | | | | | | | |
|--|---|-----------------------|--------|-----------------------|------------------|------------------------------------|-----------|-----------|----|--|
| Delivery Address Delivery Address | Member ID Number | | | | 1 | | | | | |
| 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: Sulfa Sulfa Sulfa Others: Othe | Last Name | | | | First Name | | | МІ | | |
| Date of Birth (mm/dd/yyyy) Gender Email Physician Name Physician Phone Number w/Area Code On None Individual Physician Phone Number w/Area Code Physician Phone Number w/Area Code Deficial Physician Phone Number w/Area Code Deficial Physician Phone Number w/Area Code Physician Phone Number w/Area Code Deficial Physician phy | Delivery Address Apt # | | | | | | | | | |
| Physician Name Physician Phone Number w/Area Code | City | | State | Zip | | Phone Number with Area Code | | | | |
| 2 Health History Medication Allergies: | Date of Birth (mm/dd/yyyy) | | Gender | Email | | | | | | |
| Medication Allergies: | Physician Name | | | | | Physician Phone Number w/Area Code | | | | |
| Medication Allergies: | 2 Health History | | | | | | | | | |
| O 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 credit card on file ○ 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. | | · | | O Erythromycin | | O Quinolo | nes | O Others: | | |
| Health Conditions: | O None known | O Cephalospori | | O NSAIDS | | Sulfa | | | | |
| O None known | O Amoxil/Ampicillin | O Codeine | | O Penicillin | | ○ Tetracyc | lines | | | |
| O Arthritis O Diabetes O High Blood Pressure O 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 medications, please list those medications here: Automatic refills. This is an optional service that Vivo Health Pharmacy provides. O 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. O Charge to my credit card on file O Charge to my NEW credit card Visa, Mastercard, AMEX, and Discover are accepted 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. | Health Conditions: | O Asthma | | O Glaucoma | | O High Cho | olesterol | Others: | | |
| 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 medications, please list those medications here: Automatic refills. This is an optional service that Vivo Health Pharmacy provides. O 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. O Charge to my credit card on file O Charge to my NEW credit card Visa, Mastercard, AMEX, and Discover are accepted 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. | O None known | O None known O Cancer | | O Heart Condition | | Osteopo | rosis | | | |
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