

**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) Secondday 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 Address	
Physician Name			Physician Phone Number w/Area Code

**2 Health History**

**Medication Allergies:**

**Health Conditions:**

Over-the-counter/herbal medications taken regularly:

**3 Pharmacy Processing**

**Consent to Text and/or Email:** This is an optional service that Vivo Health provides to contact patients. We can contact you via text message for prescription reminders and email you tracking information when your prescription is ready for shipment.  
 **Yes, I would like to receive text messages and/or emails from Vivo Health Pharmacy.**

Email Address if different than above: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ Cell Phone Carrier: \_\_\_\_\_

*By providing your cell phone number or email address, you are consenting to receive text messages and/or emails from the pharmacy. You understand this request will apply to current and future prescriptions until a request to change has been provided. Vivo Health Pharmacy does not charge for this service but standard messaging and data rates may apply as provided by your wireless plan.*

**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.**

**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, list those medications here:**

**Notes to Pharmacy:**

**4 Shipping Information**

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.

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