





Home Delivery Pharmacy



HAVE YOUR PRESCRIPTIONS DELIVERED TO YOU!

-  Convenient Home Delivery
-  Save Time and Money
-  Get Refills Online

For Your Convenience Orders Can Be Placed By:

-  Mail
-  E-mail
-  Phone
-  Fax

Prescription Information

New prescription requests must include the original prescription from the physician or the physician may fax or E-prescribe the prescription to EZ Scripts

Request 1

Medication Name / Strength

Quantity / Refill Request RX Number

Doctor's Name

Doctor's Phone Number ()

Request 2

Medication Name / Strength

Quantity / Refill Request RX Number

Doctor's Name

Doctor's Phone Number ()

Request 3

Medication Name / Strength

Quantity / Refill Request RX Number

Doctor's Name

Doctor's Phone Number ()

Request 4

Medication Name / Strength

Quantity / Refill Request RX Number

Doctor's Name

Doctor's Phone Number ()

Request 5

Medication Name / Strength

Quantity / Refill Request RX Number

Doctor's Name

Doctor's Phone Number ()

Patient Authorization

By signing below, I certify the information on this form is correct, and I authorize release of information regarding my medical and prescription drug history to EZ Scripts Mail Order Pharmacy.

Signature

Date

Refills may be obtained by visiting www.EZScriptsMail.com, by calling (855) 729-3939 or by mailing your request to EZ Scripts at P.O. Box 759, Holland, OH 43528.

EZ Scripts
 P.O. Box 759
 Holland, Ohio 43528
 Phone: (855) 729-3939
 Fax: (855) 879-4949
 Mail@EZScriptsInc.com
 www.EZScriptsMail.com



Ordering

The Home Delivery program is the perfect way to obtain your recurring prescriptions. Your medications will be sent to your home, making it easy for you. A form must be completed for each patient using EZ Scripts pharmacy.

Get Your Prescription

For your long-term medications, ask your doctor to prescribe up to a 90 day supply of the medication with the desired number of refills. You can also ask your doctor's office to fax, send electronically or call the prescription in to EZ Scripts.

Fill Out the Form

Fill out the attached form. Please print clearly and sign where indicated. Please note that failure to complete will delay the medication processing and delivery.

Send Us Your Form

Send your completed request to EZ Scripts at P.O. Box 759, Holland, OH 43528. You may also e-mail to mail@EZScriptsInc.com or fax the completed enrollment form to (855) 879-4949.

Refills may be obtained via:

Web: <http://www.EZScriptsMail.com>

PH: (855) 729-3939

Mail: EZ Scripts
P.O. Box 759
Holland, OH 43528

EZ Scripts Patient Order Form

Please complete this entire form and send your request to:

Fax:
(855) 879-4949

Mail:
EZ Scripts
P.O. Box 759
Holland, Ohio 43528

Call:
(855) 729-3939

Use one medication order form for each patient ordering medication(s). (Please Print)

Patient Information

Last Name	MI	First Name
Member ID Number	Date of Birth	
Relation to Plan Member	<input type="checkbox"/> Self	<input type="checkbox"/> Spouse
	<input type="checkbox"/> Dependent	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female

Drug Allergies

Yes No please list *(may add additional pages if necessary)*

Member ID Card Information

Last Name	MI	First Name
Member ID Number	Group Number	
Pharmacy Bin #	PCN#	

Shipping Address

Home Address		
Home Phone ()	Work Phone ()	Cell Phone ()
Email Address		

Payment Information

<input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Discover		
Credit Card Number	Expiration Date	3 Digit Security Code
Cardholder Name	Signature	

(signature authorizes charge to my credit card)

Please complete the prescription information on the reverse side.

Rx

