

## 1. PATIENT INFORMATION

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Orlando Health Scripts will keep this address on file for all orders filled on this account until another address is provided. **For address changes** please call Orlando Health Scripts at: (321) 841-8251.

Email Address: \_\_\_\_\_

Phone:    -     -

D.O.B:   -   -

Sex:  Male  Female

## 2. DRUG ALLERGIES & CHRONIC ILLNESSES

Drug Allergies:  None  Codeine  Sulfa  Penicillin  Aspirin  Other \_\_\_\_\_

Chronic Illnesses:  Thyroid  High Blood Pressure  Diabetes  Glaucoma  
(Disease States)

Heart Condition  Intestinal Disorders  Lung Condition  Other \_\_\_\_\_

## 3. GENERIC MEDICATION INFORMATION

In accordance with Florida Pharmacy Law and availability, Orlando Health Scripts will always dispense a generic medication with a lower co-payment unless you specify otherwise. Please contact a customer care associate at (321) 841-8251 to advise us of medications that you want dispensed brand-name only or use the space provided on page 2 to notify us of brand-name only medication exceptions.

## 4. PAYMENT METHOD

Please provide your preferred payment method.

**Payment Options:**  Credit Card  FSA/Benny Card  Payroll - TM ID \_\_\_\_\_  Credit Card already on file

Paying by Credit Card?  Visa  Mastercard  Discover  American Express

Signature of Cardholder: \_\_\_\_\_

Credit Card Number:

Expiration Date: MM/YYYY   /     CVV Code:

Check here to decline keeping credit card information on file at the pharmacy

## 5. ORDER REFILLS

This form is used to order refills or new prescriptions. Please mail this form **14 days** in advance before your medication runs out.

<b>Order Refills Here</b>			
RX Number	Name of Medication	Strength	Doctor's Name

If requesting to transfer your prescription from a different pharmacy, please fill out the information above and provide the pharmacy name and phone number below.

Pharmacy Name: \_\_\_\_\_ Pharmacy Phone:    -    -

## 6. HOW TO ORDER

### HOW TO ORDER REFILLS

**BY MAIL:** Complete the payment and refill sections of the mail order form and mail to the address listed above.

**BY PHONE:** Call (321) 841-8251 and use our automated system to enter the RX number listed on your current Orlando Health Scripts prescription label or speak to a customer service representative during normal business hours.

**BY INTERNET:** You may refill your prescriptions by uploading this form to <https://apps.orlandohealth.com/RXRequest/RXformUpload.aspx> or by accessing MyChart. Please visit [www.orlandohealth.com/scripts](http://www.orlandohealth.com/scripts) and select "Sign Up" to register for MyChart today or speak to your Scripts pharmacy team for details.

### HOW TO ORDER NEW PRESCRIPTIONS

**BY MAIL:** Complete the mail order form, enclose your new prescriptions, and mail to the address listed above.

**BY PHONE:** Have your doctor call in new prescriptions to (321) 841-8251.

**BY FAX:** In most cases, your doctor can fax new prescriptions to (321) 841-0725. Accordance with Florida law, only your doctor can fax new prescriptions.

**BY E-PRESCRIBE:** Have your doctor e-prescribe your prescriptions directly to **Scripts Pharmacy – Mail Order Only**.

### REMINDERS

- Mail order processing takes 7-10 business days beginning from the day insurance allows the prescription to be processed & request is made. *\*Rush Orders available for an extra charge*
- All new orders sent by your doctor will automatically process and ship unless otherwise specified by patient.
- Any discrepancies must be reported within 48 hours of receiving any prescription.

## 7. IMPORTANT INFORMATION

The submission of this form, for you or any of your dependents, authorizes the release of all information to the Plan Sponsor, Administrator, or Underwriter, and authorizes the prescription(s) to be filled with the generic equivalent when available and permissible by law, in accordance with your benefit plan requirements. If you request a brand name drug when your doctor permits substitution, you may be responsible for paying the difference in cost between the brand name drug and the generic equivalent plus a co-payment. Refer to your plan benefit information for more details or contact a customer care associate at (321) 841-8251.