



**FILL IN FOR UP TO TWO PEOPLE WHO WILL RECEIVE PRESCRIPTIONS WITH THIS ORDER**

**1st PERSON ORDERING A PRESCRIPTION**

Easy open caps  Print in Spanish

LAST NAME

FIRST NAME

Suffix (JR,SR)

NICKNAME

Gender:  M  F

Date of Birth: MM-DD-YYYY

Your E-mail: \_\_\_\_\_

Date new prescription written: \_\_\_\_\_

Doctor's Last Name

Doctor's First Name

Doctor's Phone #

**ALLERGY/HEALTH INFORMATION: COMPLETE ONLY IF CHANGED OR NOT PREVIOUSLY REPORTED**

Allergies:  None  Aspirin  Cephalosporin  Codeine  Erythromycin  Peanuts  Penicillin  
 Sulfa  Other: \_\_\_\_\_

Conditions:  Arthritis  Asthma  Diabetes  Acid Reflux  Glaucoma  Heart Problem  
 High Blood Pressure  High Cholesterol  Migraine  Osteoporosis  Prostate Issues  Thyroid  
 Other: \_\_\_\_\_

**2nd PERSON ORDERING A PRESCRIPTION**

Easy open caps  Print in Spanish

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FIRST NAME

Suffix (JR,SR)

NICKNAME

Gender:  M  F

Date of Birth: MM-DD-YYYY

Your E-mail: \_\_\_\_\_

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 High Blood Pressure  High Cholesterol  Migraine  Osteoporosis  Prostate Issues  Thyroid  
 Other: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

**PAYMENT INFORMATION: Select one payment method below.**

- Electronic Check Processing (Please pre-register online or call Customer Care.)
- Bill Me Later® (Subject to credit approval. Please pre-register online or call Customer Care.)
- Credit/Debit Card (VISA®, MasterCard®, Discover® or American Express®)
  - Charge most recently used credit/debit card
  - Charge new/updated credit/debit card (provide information below)

CREDIT CARD# Exp. Date MMYY

Check/Money Order: Amount \$ \_\_\_\_\_

Make check/money order payable to FutureScripts and write your ID number on it. Checks returned for insufficient funds will be subject to a fee of up to \$40, depending on state law.

The selected payment method (unless you sent a check or money order) will be charged for future orders for all family members unless a different form of payment is provided. It will also be charged for any outstanding balance due.

- Fill in oval if you DO NOT want the selected payment method to be automatically charged for future orders.

Credit Card Holder Signature/Date

**REGULAR DELIVERY IS FREE**

(Allow up to 10 days for delivery)

**Fill in oval for faster delivery:**

2nd Business Day \$17 per order

Next Business Day \$23 per order

(Charges subject to change)

Faster delivery options affect only shipping time, not processing time and can be sent only to a street address, not a P.O. box.



Please fold here

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