

Walgreens Mail Service
Registration and Prescription Order Form
 Presbyterian Health Plan

To quickly register, visit www.walgreensmail.com.



1910000PHSPR001

Please print clearly using only **BLACK INK** and **UPPERCASE** letters.

Fill in the applicable circles completely (●). Not all Group and ID number boxes may be needed.

Subscriber Information

- Male
 Female

Date of Birth [MM/DD/YYYY] / /

Intercom PHS

UPI# PR001

ID Number (located on card)

Suffix (if on card)

Group Number

P H S

E-mail Address (to receive information regarding the processing of your order)

Daytime Phone

- -

Last Name

First Name

Evening Phone

- -

Permanent Address 1

Permanent Address 2

City

State

ZIP Code

Prescriber Last Name

Prescriber First Initial

Prescriber Phone

- -

Prescriber Fax

- -

Dependent Information

- Male
 Female

Date of Birth [MM/DD/YYYY] / /

Dependent Last Name

Dependent First Name

Suffix (if on card)

Prescriber Last Name

Prescriber First Initial

Prescriber Phone

- -

Prescriber Fax

- -

E-mail Address (to receive information regarding the processing of your order)

Please Complete

Member	Dependent	Allergies	Member	Dependent	Health Conditions
<input type="radio"/>	<input type="radio"/>	Aspirin	<input type="radio"/>	<input type="radio"/>	Arthritis
<input type="radio"/>	<input type="radio"/>	Cephalosporin	<input type="radio"/>	<input type="radio"/>	Asthma
<input type="radio"/>	<input type="radio"/>	Codeine derivatives	<input type="radio"/>	<input type="radio"/>	Diabetes
<input type="radio"/>	<input type="radio"/>	Morphine derivatives	<input type="radio"/>	<input type="radio"/>	Glaucoma
<input type="radio"/>	<input type="radio"/>	Penicillin	<input type="radio"/>	<input type="radio"/>	Heart disease
<input type="radio"/>	<input type="radio"/>	Sulfa drugs	<input type="radio"/>	<input type="radio"/>	Hypertension
<input type="radio"/>	<input type="radio"/>	None known	<input type="radio"/>	<input type="radio"/>	Pregnancy
<input type="radio"/>	<input type="radio"/>	Other (Use lines below.)	<input type="radio"/>	<input type="radio"/>	Thyroid disease
			<input type="radio"/>	<input type="radio"/>	None known
			<input type="radio"/>	<input type="radio"/>	Other (Use lines at left.)

Order Preference

- Easy-open caps Spanish vial labels
 Large-print vial labels Auto Refill*

*only applies if mailing in enrollment form with a prescription enclosed

