

Hard Copy Prescription Mail-In Form

Member and physician information — please use black or blue ink. One form per member.

Member ID Number		(Additional coverage, if applicable) Secondary 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 <input type="radio"/> M <input type="radio"/> F	Email	
Physician Name		Physician Phone Number with Area Code	

Health History

Medication Allergies: Aspirin Erythromycin Quinolones Others: _____
 None known Cephalosporins NSAIDs Sulfa _____
 Amoxil/Ampicillin Codeine Penicillin Tetracyclines _____

Over-the-Counter (OTC)/herbal medications taken regularly: Others: _____
 Aspirin Ibuprofen Multivitamin Vitamin D _____
 Aleve Tylenol Probiotic Calcium _____

Pharmacy Processing

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, please list those medications here:**

Keep on file. If you are including any prescriptions that you want to keep on file for shipment at a later date, please list them here:

Shipping Information

Delivery is included at no charge. FedEx requires and **adult signature (21 years of age or older)** for controlled substances **only**. Expect your package within 7 days from the time we receive your prescription. WFBH will contact you if there will be an extended delay in delivering your medications. Once shipped, medication may not be returned for a refund or adjustment.

Mailing Hard Copy Prescription(s)

Mail this completed order form with your new prescription(s) to:

North Tower Pharmacy – Mail Order
PO Box 1177 Medical Center Blvd
Winston-Salem, NC 27157.