



Member ID number		
(Additional coverage, if applicable) Secondary member ID number		
Last name	First name	MI
Delivery address		Apt. #
City	State	Zip code
Phone number with area code		
Date of birth (mm/dd/yyyy)	Email address	
Physician name		
Physician phone number with area code		

<b>Medication allergies:</b>	<input type="checkbox"/> Aspirin	<input type="checkbox"/> Erythromycin	<input type="checkbox"/> Quinolones	<input type="checkbox"/> Others: _____
<input type="checkbox"/> None known	<input type="checkbox"/> Cephalosporins	<input type="checkbox"/> NSAIDs	<input type="checkbox"/> Sulfa	_____
<input type="checkbox"/> Amoxil/Ampicillin	<input type="checkbox"/> Codeine	<input type="checkbox"/> Penicillin	<input type="checkbox"/> Tetracyclines	_____
<b>Health conditions:</b>	<input type="checkbox"/> Asthma	<input type="checkbox"/> Glaucoma	<input type="checkbox"/> High cholesterol	<input type="checkbox"/> Others: _____
<input type="checkbox"/> None known	<input type="checkbox"/> Cancer	<input type="checkbox"/> Heart condition	<input type="checkbox"/> Osteoporosis	_____
<input type="checkbox"/> Arthritis	<input type="checkbox"/> Diabetes	<input type="checkbox"/> High blood pressure	<input type="checkbox"/> Thyroid disease	_____

### 3. Payment and shipping information – do not send cash

Visit the website listed on your member ID card to check drug pricing before sending payment. Once shipped, medications may not be returned for a refund or adjustment.

- Visa, MasterCard, AMEX  
and Discover are accepted.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For new prescription orders and maintenance refills, this credit card will be billed for copay/coinsurance and other such expenses related to prescription orders. By supplying my credit card number, **I authorize Optum Rx to maintain my credit card on file as payment method for any future charges.** To modify payment selection, contact customer service at any time.

