

Mail Order Request Form - GetRxRelief, LLC

Faxed # Of Pages: _____

Orders for multiple enrolled family members will be mailed together, if ordered together. Original prescriptions must be mailed along with your order request. If your physician is faxing your prescriptions from their office or calling prescription authorizations into the pharmacy, then simply fax or mail this form to the pharmacy to confirm your order.



To speak to a pharmacist call: 1-888-462-4579 | To place and check on an order call: 1-800-780-4377

Fax to: 1-800-860-9962

**Mail to: GetRxRelief, LLC
8397 Northcliffe Blvd.
Spring Hill, FL 34606**

Complete all sections to ensure fast turn around.

| | | | |
|------------------|---------|-------------------|----------------------------------|
| Member Name: | Gender: | Member ID Number: | Employer / Insurer / Trust Name: |
| Billing Address: | | | Birth Date: |
| Ship To Address: | | | Contact Phone Number: |

Check all that apply if ordering for the first time or for any changes in health.

| | |
|--|---|
| Allergies: <input type="checkbox"/> None <input type="checkbox"/> Sulfa <input type="checkbox"/> Iodine <input type="checkbox"/> Tetracycline <input type="checkbox"/> Aspirin <input type="checkbox"/> Codeine <input type="checkbox"/> Penicillin Other: _____ | Medical Conditions: <input type="checkbox"/> Heart <input type="checkbox"/> Diabetes <input type="checkbox"/> High B.P. <input type="checkbox"/> Ulcer <input type="checkbox"/> Glaucoma <input type="checkbox"/> Asthma Other: _____ |
|--|---|

List all medications being ordered.

| Order Description | Order Quantity | For Pharmacy-To-Pharmacy Refill Transfers | | |
|------------------------------|---|---|----------------|---------------|
| | | Pharmacy Name | Pharmacy Phone | RX Number (#) |
| gemfibrozil 600 mg (example) | Quantity Up To 3 Months Supply* 90 tablets | Name Here | 000-000-0000 | #12345 |
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Expedited Shipping: Overnight Delivery (\$16) Two Day Delivery (\$10) Overnight Refrigerated (\$23)

Payment Method: Card Type: _____ Account #: _____ Expiration: _____

Check/Money Order/Cashier's Check (Payable to Veterans Care Plus) Signature: _____

PLEASE READ: Important Instructions to Ensure Efficient Order Fulfillment

- Physician's or their office staff can phone in or fax prescriptions directly to the pharmacy. New or renewal prescriptions from any other source must be mailed to the pharmacy for fulfillment. Refills on file can be ordered by phone.
- Prescriptions for Schedule II controlled substances cannot be accepted by via fax even from a physician's office. Originals must be mailed to the pharmacy.
- Orders ship within 24-48 hours with valid prescriptions. Allow 5-7 days for delivery. \$1.95 USPS shipping & handling.
- Prices may change based on manufacturer and wholesaler price changes. Prices on date of complete order receipt apply.