FAX ORDER FORM
Physician Order Form

Prescription Blue
Blue Cross Blue Shield of Michigan
A nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association

1 1 7

INTERCOM: MIBCMPD UPI NO.: MIB 002

TO THE PATIENT:
•Please complete the sections below using black ink only. *A credit card number is required at the time the form is submitted.*
•Have your doctor supply the prescription information requested using the prescriber's form below.
•Please allow 2 weeks for delivery from the date your physician faxes your prescription in.

MEMBER INFORMATION

Group Number			Date of Birth (Mo/Day/Yr) / /
ID Number (located on ID card)			☐ Male ☐ Female
Name (First, Last)		E-mail Address	
Address (please do not use P.O. box)			Daytime Phone ( )
City	State	ZIP Code	Evening Phone ( )
Dr.'s Name		Dr.'s Phone ( )	

☐ Please check if patient needs large print. ☐ Please check if patient needs snap-on caps.

PAYMENT INFORMATION

PLEASE NOTE: It is standard pharmacy practice to substitute generic equivalents for brand-name drugs whenever possible. Walgreens Mail Service will dispense an FDA-approved generic equivalent whenever available, permitted by your prescriber, and allowable by law. If you do not want a generic equivalent, please call our Customer Care Center to advise.

CREDIT CARD NUMBER (VISA, MasterCard, Discover, American Express) CREDIT CARD EXP.

/

Rx

FOR: _____ DATE: _____

ADDRESS: _____ TEL: _____

Facsimile Not valid for CII prescriptions
Valid only at Walgreens Mail Service

Dr: _____ Dr: _____
DISPENSE AS WRITTEN SUBSTITUTION PERMISSIBLE MAY SUBSTITUTE

PHYSICIAN NAME (PLEASE PRINT): _____

REFILL _____ TIMES ADDRESS _____

DEA # _____ TELEPHONE # _____

PATIENT ALLERGIES:

☐ No Known ☐ 32-Codeine
☐ 70-Penicillin ☐ 87-Sulfa
☐ 93-Tetracycline
☐ Other (list):

PATIENT HEALTH CONDITIONS:

☐ No Known
☐ 200-Diabetes
☐ 300-Hypertension
☐ 400-Heart Disease
☐ 500-Glaucoma
☐ 600-Stomach Disorders
☐ 700-Thyroid Disorders
☐ 800-Arthritis
☐ Other (list):

PHYSICIAN:

Please fax fully completed form to:
Walgreens Mail Service
1-888-595-1258.