FAX ORDER FORM
Physician Order Form

Blue Cross Blue Shield of Michigan

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

INTERCOM: PAIDMPD UPI NO.: BCM 002

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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 10 business days for delivery from the date your physician faxes your prescription in.

BENEFICIARY INFORMATION

Group Number: B C B S M M E D	Date of Birth (Mo/Day/Yr) / /
ID Number (located on ID card): 0 0 1	☐ 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. Name	Dr. 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: _____ DISPENSE AS WRITTEN

Dr: _____ 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.