

Health History (Please ✓check all that apply to you, your spouse or covered dependent [s].)

Simply complete information for all covered family members. If you are unsure about any health conditions, check with your doctor. This portion will not be required on subsequent orders unless there have been changes in health or coverage status.

	Name (First, Middle, Last)	Birthdate (MM/DD/YYYY)	M / F	No Known Allergy 010000	Penicillin Allergy 031000	Sulfa Allergy 040000	Other Allergy 000000	Diabetes 050000	Thyroid 060000	Heart Condition 10000	High Blood Pressure 120000	Ulcers 18100	Epilepsy 292019	Glaucoma 301000	Other Conditions
Member															
Spouse															
Dependent															
Dependent															
Dependent															
Dependent															

If you have additional dependents or require more space, please attach a separate note.

New Prescriptions – Please enclose your original, written prescription and payment with this form. Ask your doctor to write a mail order prescription to maximize the supply as allowed by your plan.

Refill Prescriptions – For rapid refills, visit www.AdvanceRx.com or call the toll-free number on your prescription label. Affix refill label in space below or fill in prescription information. For additional refills, use the Comments section or attach a separate sheet of paper.

If you misplace the envelope for your new prescription order, please call the toll-free number on the front of this form. For refill prescriptions, mail your order to the address on your prescription label.

Patient's Name _____
 Rx # _____ Drug Name _____
 Doctor's Name _____
 Doctor's Phone # _____

Patient's Name _____
 Rx # _____ Drug Name _____
 Doctor's Name _____
 Doctor's Phone # _____

Comments (Please print clearly)

By returning this form to AdvanceRx.com, you authorize the use and release of information to your plan sponsor, plan administrator, health care providers and their agents for use in connection with the management of your health benefits and those of your covered dependents.

AdvanceRx.com will substitute an available generic equivalent for certain brand-name drugs whenever allowed by your doctor and applicable pharmacy law. If you do not want a generic substitution for a specific medication, please note in the Comments section.

Mail the completed form to: AdvanceRx.com
 PO Box 830070, Birmingham, AL 35283-0070