





992000REGENREG001

**DEPENDENT INFORMATION**

- Male
- Female

Date of Birth [MM/DD/YYYY] . . . / . . . / . . .

For separate shipping, please contact the Customer Care Center toll free at 1-888-832-5462.

Dependent Last Name . . . . . Dependent First Name . . . . .

Suffix (If on card) . . . . . Email address (To receive information regarding the processing of your order) . . . . .

Prescriber Last Name . . . . . Prescriber First Initial . . . . . Prescriber Phone . . . . . Prescriber Fax . . . . .

**DEPENDENT**

Allergies		Health Conditions			Order Preference	
<input type="radio"/> Aspirin	<input type="radio"/> Penicillin	<input type="radio"/> Arthritis	<input type="radio"/> Heart disease	<input type="radio"/> None known	<input type="radio"/> Large-print vial labels	<input type="radio"/> Spanish vial labels
<input type="radio"/> Cephalosporin	<input type="radio"/> Sulfa drugs	<input type="radio"/> Asthma	<input type="radio"/> Hypertension	<input type="radio"/> Other		
<input type="radio"/> Codeine derivatives	<input type="radio"/> None known	<input type="radio"/> Diabetes	<input type="radio"/> Pregnancy	(Use lines below)		
<input type="radio"/> Morphine derivatives	<input type="radio"/> Other (Use lines below)	<input type="radio"/> Glaucoma	<input type="radio"/> Thyroid disease			
_____	_____	_____	_____	_____		

**ORDER INFORMATION—If including a prescription order, please complete this section.**

Please allow 10 business days from the time that you place your order to receive your prescription(s). A refill order form and return envelope will be included with your shipment.

It is standard pharmacy practice to substitute generic equivalents for brand-name medications. Walgreens will dispense an FDA-approved generic equivalent if available, permitted by your prescriber and allowed by state law. If you do not want a generic equivalent or have questions regarding your mail service prescription(s), please call our Customer Care Center at 1-888-832-5462.

By submitting this form, you have authorized release of all information to Walgreens (and other necessary parties) as required to process your order under your benefit plan.

Total number of prescriptions in this order. . . . .

Total included for copay(s). \$ . . . . .

- Standard Shipping **NO CHARGE**
- Next Business Day (\$19.95 †)
- 2<sup>nd</sup> Business Day (\$10.95 †)

Total Payment Due. \$ . . . . .

Please print your name and date of birth on all prescriptions; enclose them along with this completed form and mail to:

Walgreens  
P.O. Box 29061  
Phoenix, AZ 85038-9061

† Shipping prices may be subject to change by carrier without notification and may vary depending upon weight and zone.