

**Walgreens** Mail Service Registration & Prescription Order Form  
**Magellan Pharmacy Solutions**



Use this form to register/submit your first prescription order. You can also register at **Walgreens.com/Magellan**. **DO NOT** staple, tape or paperclip anything to this form.

Please print clearly using only **BLACK INK** and **UPPERCASE** letters. Fill in the applicable circles completely (●). **Not all ID and Group Number boxes may be needed.**

**MEMBER INFORMATION**

- Male
- Female

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

Intercom: MPSI UPI#: MPS001

Member ID Number (Located on card)

Suffix (If on card)

Group Number

Email Address (To receive information regarding the processing of your order)

Last Name

First Name

Cell Phone  -  -  Text Msg\*  Yes  No

Permanent Address Line 1

Daytime Phone  
 -  -

Permanent Address Line 2

Evening Phone  
 -  -

City

State  ZIP Code

Government ID (Most states require ID for controlled Rx substances by law)†

Prescriber Last Name

Prescriber First Initial

Prescriber Phone  
 -  -

Prescriber Fax  
 -  -

| MEMBER  |  |   | Payment Options   |   |
|---|--|---|---|---|
| <p><b>Allergies</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> Aspirin</li> <li><input type="radio"/> Cephalosporin</li> <li><input type="radio"/> Codeine derivatives</li> <li><input type="radio"/> Morphine derivatives</li> <li><input type="radio"/> Penicillin</li> <li><input type="radio"/> Sulfa drugs</li> <li><input type="radio"/> None known</li> <li><input type="radio"/> Other (Use lines below)</li> </ul> | <p><b>Health Conditions</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> Arthritis</li> <li><input type="radio"/> Asthma</li> <li><input type="radio"/> Diabetes</li> <li><input type="radio"/> Glaucoma</li> <li><input type="radio"/> Heart disease</li> <li><input type="radio"/> Hypertension</li> <li><input type="radio"/> Pregnancy</li> <li><input type="radio"/> Thyroid disease</li> <li><input type="radio"/> None known</li> <li><input type="radio"/> Other (Use lines at right)</li> </ul> | <p><b>Order Preference</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> Large-print vial labels</li> <li><input type="radio"/> Spanish vial labels</li> </ul> | <p><b>Payment Options</b></p> <p><i>Payment is required at time of order. Please do not send cash.</i></p> <p><b>We accept American Express®, Discover®, MasterCard® and Visa®.</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> Check made payable to Walgreens</li> <li><input type="radio"/> Charge credit card below for this order only</li> <li><input type="radio"/> Place credit card below on file for this and all future orders</li> </ul> | <p>Credit Card Number <input type="text"/></p> <p>Expiration Date [MM/YY] <input type="text"/> / <input type="text"/></p> <p>I authorize Walgreens to charge my credit card for services for which I am financially responsible. If the credit card provided is not able to fulfill payment for any reason, I agree to pay my statement balance upon receipt of the statement and understand that failure to do so may result in discontinuation of pharmacy services.</p> <p>Cardholder Signature _____ Date _____</p> |

\*Standard text message and data rates may apply.

†Driver's license, state ID number, social security number, military ID or passport ID.

