



For separate shipping, please contact the  
Customer Care Center toll free at 866-877-2392.  
TTY 800-573-1833.

### BENEFICIARY

#### Allergies

- ☐ Aspirin
- ☐ Cephalosporin
- ☐ Codeine derivatives
- ☐ Morphine derivatives
- ☐ Penicillin
- ☐ Sulfa drugs
- ☐ None known
- ☐ Other (Use lines below)

#### Health Conditions

- ☐ Arthritis
- ☐ Asthma
- ☐ Diabetes
- ☐ Glaucoma
- ☐ Heart disease
- ☐ Hypertension
- ☐ Pregnancy
- ☐ Thyroid disease
- ☐ None known
- ☐ Other (Use line below)

#### Order Preference

- ☐ Large-print vial labels
- ☐ Spanish vial labels

### Payment Options: Payment is required at time of order. Please do not send cash.

- ☐ Check made payable to Walgreens
- ☐ Charge credit card below for this order only
- ☐ Place credit card on file for this & all future order(s)

*We accept American Express<sup>®</sup>,  
Discover<sup>®</sup>, MasterCard<sup>®</sup> and Visa<sup>®</sup>.*

Credit Card Number

Expiration Date [MM/YY]

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.

Cardholder Signature

Date

### 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).**

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 866-877-2392, TTY 800-573-1833.

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<sup>†</sup>)

\$

☐ 2<sup>nd</sup> Business Day (\$10.95<sup>†</sup>)

\$

☐ Saturday Overnight (\$27.95<sup>†</sup>)

\$

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

<sup>†</sup>Shipping prices may be subject to change by carrier without notification and may vary depending upon weight and zone.  
Walgreens is an independent company that assists in the administration of the BCN Advantage mail order pharmacy program.

Brand names are the property of their respective owners.  
©2012 Walgreen Co. All rights reserved. WI0103-1112