

Wal-Mart Specialty
Mail Services
100 Technology Park, Suite 155
Lake Mary, FL 32746

PH: 1-877-453-4566
FX: 1-866-537-0877
HOURS: Mon-Friday 9am - 11pm EST
Saturday 9am-3pm EST. Closed Sunday

Specialty Pharmacy Prescription Order Form

Please complete the following form for your prescription order. Your order may be delayed if any information is missing.
Please mail this form to the address above.

Note: To protect your privacy, we cannot discuss health information about an individual on this account with anyone except that individual, unless that person is a minor or we have a Medical Power of Attorney or a Release of Information form. Please call 1-877-453-4566 to obtain a release form.

Patient Contact Information

Name	<input type="text"/>	Phone Number	<input type="text"/>
Date of Birth	<input type="text"/>	ID#	<input type="text"/>
Address	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/>
		Zip	<input type="text"/>

Payment Information

To help ensure the security and privacy of your financial information, Wal-Mart Specialty Pharmacy does not request payment information through the mail or through fax. To pay for your order, please allow 5-7 days after mailing this form and then call 1-877-453-4566 with your payment information. If faxing this form, please allow 1-2 days before calling.

Doctor Information

Name	<input type="text"/>	Phone Number	<input type="text"/>
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Prescription Details (Please select type of order and complete required fields)

New

Prescription Number and/or Drug Name	Quantity	Strength
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

I have a written prescription (Please attach or mail to above address if you are faxing this form)

<input type="checkbox"/> Transfer	Pharmacy Name	<input type="text"/>	Phone Number	<input type="text"/>
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Prescription Number and/or Drug Name	Quantity	Strength
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Refill

Rx Number

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>