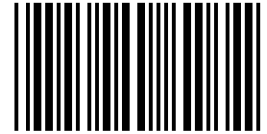




Prescriber Fax Form

Intercom: ILBC
UPI#: BCB019



THIS FORM MUST BE FAXED FROM A PRESCRIBER'S OFFICE TO BE VALID.

160

PATIENT SECTION

Patient: To have your order processed, you must be registered with and have current credit card and shipping information on file with Walgreens Mail Service.

IMPORTANT NOTICE: It is standard pharmacy practice to substitute generic equivalents for brand-name medications. Walgreens Mail Service will dispense an FDA-approved generic equivalent if available, permitted by your prescriber and allowed by state law.

After you are registered, please print your member ID number listed on your ID card, your phone number and address in the space below and give this form to your prescriber to complete and fax to us.

Member ID Number (Located on card) Patient Phone

Patient Address

City State ZIP Code

PRESCRIBER SECTION

Prescriber: Fax this completed form to Walgreens Mail Service at 888-595-1258. Your signature and date are required. Most prescription drug plans allow up to a 90-day supply with three refills.

Print and use BLACK INK only. NOT VALID FOR CII PRESCRIPTIONS.

Patient Name DOB [MM/DD/YYYY]

Table with 6 columns: Medication, Strength, Directions, Qty., # of Refills, DAW. Contains two rows for Rx 1 and Rx 2.

Date NPI# DEA#

Required for Controlled Substances

Prescriber Signature

Prescriber Name (Please print)

Prescriber Address

City State ZIP Code

Prescriber Phone Prescriber Fax Check box if this is a new fax number

CONFIDENTIAL HEALTH INFORMATION: Healthcare information is personal information related to a person's healthcare. It is being faxed to you after appropriate authorization or under circumstances that don't require authorization.

IMPORTANT WARNING: This message is intended for the use of the person or entity to whom it is addressed and may contain information that is privileged and confidential, the disclosure of which is governed by applicable law.

Brand names are the property of their respective owners.

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