



# Scripps Health Ambulatory Pharmacy Medication Order Form

**Tel # (858) 964-1013**

**Fax # (619) 686-3932**

Last Name		First Name		MI	Suffix	
Member ID#			Date of Birth			Gender M      F
Mobile Phone #      Set Preferred			Home Phone #      Set Preferred			
Shipping Address Line 1			Billing Address (If different from Shipping Address) Line 1 Check if the same			
Shipping Address Line 2			Billing Address Line 2			
City	State	Zip code	City	State	Zip Code	
Email Address (My Chart Enrollment)						
Allergies						
Health Conditions						
<b>Payment Information</b>						
Please pay by Credit or Debit card. We accept VISA®, Mastercard®, Discover®, or American Express®. If you need to pay by check, please call to speak with a pharmacy representative						
Cardholder Last Name			Cardholder First Name			
Charge Payment method on file Charge my new Credit Card:    Visa®    Mastercard®    Discover®    American Express®					Ship Expedited Delivery (additional \$25 charge to prescription total)	
Credit Card Number			Home Zip	Expiration Date	Security Code	
Standard Shipping is Free. Your order can take up to 7 days for Delivery from the time we receive your order. You may choose expedited delivery for an additional \$25 by checking the box above. Expedited orders will be sent to a street address not a PO box. Expedited Delivery affects the shipping time but processing can still take up to 3 business days from the time Scripps pharmacy receives your prescription.						
I authorize Scripps Health Ambulatory Pharmacy to store my credit card and charge my credit card on file for any copayment, deductible or any other amount owed on my prescriptions, including any applicable delivery charges.						
<b>X</b> _____ Cardholder's Signature					Date	
Please fax completed form to Scripps Mercy Ambulatory Pharmacy at <b>(619)–686–3932</b> .						

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