PathemaRX
Prescription Order Form

Please complete this form for NEW and REFILL prescription medication. You can also order refills online at the website on your ID card.

Print all information clearly as shown in the sample below using BLUE or BLACK ink.

1 2 3 4 A B C D

Fill in the applicable ovals completely (●).

Step 1: Insurance Cardholder Information

email _____

Person completing _____

PHONE #

○ Order updates, reminders and other educational information may be sent to the email address above for the following individuals: _____

ALT-PHONE #

LAST NAME FIRST NAME M

ADDRESS LINE 1

ADDRESS LINE 2 CITY

ST ZIP -

○ Address above is a one time address

Step 2: Allergies & Health Conditions

New customers must complete this section.
If left blank will mean no known drug allergies or no change from information provided previously to PathemaRX

Name (start with cardholder) / Date of Birth	Allergies								Health Conditions						
	None	Penicillin Sulfa	Codeine/Morphine	Aspirin	Erythromycin	NSAIDS	Other (list below)		Diabetes	High Blood Pressure	Asthma	GI/GERD	High Cholesterol	Other (list below)	
FIRST NAME LAST NAME / MM/DD/YY	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
FIRST NAME LAST NAME / MM/DD/YY	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
FIRST NAME LAST NAME / MM/DD/YY	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
FIRST NAME LAST NAME / MM/DD/YY	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○

Please write the individual's name and list their other allergies and other health conditions referenced above:

Step 3: Shipping Method

Refrigerated shipments will be expedited at no additional cost. You are responsible for the cost of SPECIAL SHIPPING which expedites carrier delivery time only. Order processing is not affected by SPECIAL SHIPPING. These costs may be subject to change by carrier without prior notification and may vary depending on weight and zone.

○ Standard Shipping $0.00 ○ USPS Priority Mail 2 - 3 Days $9.25 ○ Overnight Delivery $17.95

Pathema

Step 4: Method of Payment

○ Check ○ Money Order Please make check or money order payable to **PathemaRX**

Total payment enclosed (excluding credit card payment): $ ☐☐,☐☐☐.☐☐

○ VISA ○ Discover

○ MasterCard ○ American Express

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Credit / Debit Card #

☐☐/☐☐ Expiration Date

○ Use Credit / Debit Card on File Last 4 digits of Credit / Debit Card ☐☐☐☐ Expiration Date ☐☐/☐☐

I allow PathemaRX to bill my credit / debit card for this and all future orders. I understand that my credit / debit card will be billed the following amounts in effect at the time my order is filled: any applicable copayment(s), coinsurance and/or deductible(s), payments due for any medications not covered, plus any special shipping costs.

Signature: _____ **Date Signed:** M M / D D / Y Y

Step 5: Refill Prescriptions

Print Prescription Number Here
☐☐☐☐☐☐☐☐☐☐

Individual's Name _____
Date of Birth _____
Drug Name _____

Print Prescription Number Here
☐☐☐☐☐☐☐☐☐☐

Individual's Name _____
Date of Birth _____
Drug Name _____

Print Prescription Number Here
☐☐☐☐☐☐☐☐☐☐

Individual's Name _____
Date of Birth _____
Drug Name _____

Print Prescription Number Here
☐☐☐☐☐☐☐☐☐☐

Individual's Name _____
Date of Birth _____
Drug Name _____

Step 6: New Prescriptions

Please write the date of birth and the PathemaRX ID on the back of each prescription.

		Check (✓) One			Check	
Individual's Full Name	Date of Birth	Fill Now	Do Not Fill Now	Medication Name & Strength	(✓) if Brand Only	Doctor's Full Name

Pharmacy law allows pharmacists to substitute a less expensive generically equivalent medication for a brand name medication unless you or your doctor request the brand. By checking (✓) "Brand Only", you may be responsible for a higher cost.

Remember to include the original prescription(s) from your doctor(s).
You can call us at **1.800.236.0403** or visit the website on your ID card. You can also write to us or mail this order form to PathemaRX 4300 N University Dr #C101, Lauderhill, FL 33351