Walgreens Mail Service Prescriber Fax Form

Intercom: ALTCR
UPI#: ALT001

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

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. You can register online at **Walgreens.com/mailservice** or by mail using the form included in your enrollment kit.

IMPORTANT NOTICE: It is standard pharmacy practice to substitute generic equivalents for brand-name medications. Walgreens will dispense a generic equivalent if it's available and permitted by your prescriber. If you do not want a generic equivalent or have questions regarding your mail service prescription(s), please call our Customer Care Center at **866-352-3230, TTY 800-573-1833.**

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 at 800-332-9581. 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]** _____

	Medication	Strength	Directions	Qty.	# of Refills	DAW
Rx 1						☐
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