

**Walgreens Mail Service**  
**Registration and Prescription Order Form**  
**IdealScripts**

To quickly register, visit [www.walgreensmail.com](http://www.walgreensmail.com).



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Please print clearly using only **BLACK INK** and **UPPERCASE** letters.

Fill in the applicable circles completely (●). Not all Group and ID number boxes may be needed.

**Member Information**

- Male  
 Female

Date of Birth [MM/DD/YYYY]  /  /

Intercom IDEAL

UPI# IDE001

Member ID Number (located on card)

Suffix (if on card)

Group Number

E-mail Address (to receive information regarding the processing of your order)

Daytime Phone

-  -

Last Name

First Name

Evening Phone

-  -

Permanent Address 1

Permanent Address 2

City

State

ZIP Code

Prescriber Last Name

Prescriber First Initial

Prescriber Phone

-  -

Prescriber Fax

-  -

**Dependent Information**

- Male  
 Female

Date of Birth [MM/DD/YYYY]  /  /

Dependent Last Name

Dependent First Name

Suffix (if on card)

Prescriber Last Name

Prescriber First Initial

Prescriber Phone

-  -

Prescriber Fax

-  -

For Separate Shipping, please contact the Customer Care Center at 877-777-9403.

E-mail Address (to receive information regarding the processing of your order)

**Please Complete**

Member Dependent	Allergies	Member Dependent	Health Conditions
<input type="radio"/>	Aspirin	<input type="radio"/>	Arthritis
<input type="radio"/>	Cephalosporin	<input type="radio"/>	Asthma
<input type="radio"/>	Codeine derivatives	<input type="radio"/>	Diabetes
<input type="radio"/>	Morphine derivatives	<input type="radio"/>	Glaucoma
<input type="radio"/>	Penicillin	<input type="radio"/>	Heart disease
<input type="radio"/>	Sulfa drugs	<input type="radio"/>	Hypertension
<input type="radio"/>	None known	<input type="radio"/>	Pregnancy
<input type="radio"/>	Other (Use lines below.)	<input type="radio"/>	Thyroid disease
		<input type="radio"/>	None known
		<input type="radio"/>	Other (Use lines at left.)

**Order Preference**

- Easy-open caps       Spanish vial labels  
 Large-print vial labels       Auto Refill\*

\*only applies if mailing in enrollment form with a prescription enclosed

