



US FAMILY HEALTH PLAN

MAIL ORDER PRESCRIPTION ORDER FORM FOR MARYLAND RESIDENTS ONLY

Walgreens Pharmacy
2700 Remington Avenue
Baltimore, Maryland 21211
Phone: 410-235-2128
Fax: 410-889-1609

This form is to be used for all new and refill prescriptions. When submitting new prescription fills, please mail the completed form and valid prescription copies to the Walgreens pharmacy address above.

To request refills, you may submit this form electronically by logging into your HealthLINK@Hopkins account. Attach the completed form to a new message in your Message Center, then send the message to Customer Service. Your request will be forwarded to Walgreens pharmacy for fulfillment and delivery.

If you choose to use mail service for refill requests, please fill out this form and mail 10 days before your medication will run out.

☐ I have enclosed new prescriptions ☐ I am requesting medication refills

Safety caps are required by law, however, you may choose to have easy opening lids.
Check this box ☐ IF YOU DO NOT WANT SAFETY LIDS on this prescription.

Refill prescription numbers:

1. _____ 2. _____
3. _____ 4. _____
5. _____ 6. _____

Mail my prescription to: (Please Print Clearly)

Name: _____

Address: _____

City: _____

State: **Maryland** Zip: _____

Daytime Phone: _____

Signature: _____

Method of Payment:

☐ Check ☐ Money Order

☐ Visa ☐ Master Card

☐ Discover ☐ American Express

Card No: _____

Exp Date: _____

Date: _____

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