

**JHHC USFHP MAIL ORDER PRESCRIPTION ORDER FORM**

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: \_\_\_\_\_