Wegmans Mail Order Pharmacy Service Sign-Up Form

- Please complete this form and mail it to: Wegmans Pharmacy Free Home Shipping
 P.O. Box 64472
 Rochester, NY 14624
- If you need assistance, please call our Mail Order Customer Service line at 1-888-205-8573.
- Once your prescription is delivered, go to <u>www.Wegmans.com/pharmacy</u> to set up your Wegmans pharmacy online profile.
- If you need to add more Additional Family Members or Prescriptions, please use a separate piece of paper.
 Please include all of the information that is requested on the form.

Cardholder Information:

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MD Name	MD Phone #	MD Address												
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Drug Name/Strength	Patient name	I will include prescription with this form	Please contact my doctor for this prescription											
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Shipping Information:		1												
Shipping Address (only if different than permanent a	ddress)													
City		St	tate Zip Code											
Payment Information														
○ Credit Card (we accept American Express®, Disco	over® MasterCard® and	4 Vica®)												
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Card Holder's First Name MI Card Holde	er's Last Name	Suffix Date of Birt	h (MM/DD/YY)											
Billing Address														
City		State	_ _ Zip Code											
By signing below, I authorize Wegmans to charg	e the credit card identific	ed above for this order and	l all future											
orders associated patient(s) listed above, and th														
cardholder name, billing address and/or credit c	ard expiration date on fi	le.												
Cardholder Signature		Date:												