

PrimeMail® New Prescription Fax Order Form

Prescriber: Fax completed form to PrimeMail toll free **877.774.6360**.

Please call 877.307.7463 with questions.

Due to regulatory requirements, prescriptions for class II controlled substances must be mailed to PrimeMail. Some states require prescriptions for class III through V controlled substances to be mailed in as well. Laws and regulations vary by state.

Patient: Follow these steps to obtain your prescription:

Complete all the sections below using **black ink**. A credit card number is required.

Ask your prescriber to complete the Prescription Section and to fax the form from the prescriber's office or send the form to: PrimeMail, P.O. Box 650041, Dallas, TX 75265-0041.

Note: Orders not faxed from a licensed prescriber's office will not be processed.

Your prescription will be delivered within 5 to 10 business days from receipt of order.

By returning this form to PrimeMail you consent to the use and release of your health information and that of your covered dependents (if you are their guardian or authorized representative) to your health plans and health care providers/agents for health benefits management in accordance with the federal privacy regulations under HIPAA (HSGI a I)

First Name	Middle Initial	Last Name	Male	Date of Birth (MM/DD/YYYY)
			Female	
E-mail Address				
Member ID		Phone		
Shipping Address (