

## Free Home Shipping New Rx Order Form

- Please complete this form and mail it to us at the address below with your original, prescriber-signed prescription(s).
- If you wish to fill prescriptions for multiple patients, please fill out multiple forms.
- You will be notified if extra processing time is required for prescriptions that need prescriber clarification.
- For refills or any additional services, please visit: www.wegmans.com/pharmacy or call 1-800-934-4797

Mail this form to: **Wegmans Pharmacy Free Home Shipping**P.O. Box 64472
Rochester, NY 14624

## **Patient Information:**

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Cardholder Signature\_\_\_\_\_\_Date:\_\_\_\_\_

By signing below, I authorize Wegmans to charge the credit card identified above for this order and all future orders associated with this patient and additional patient(s) listed above, and that at my verbal request;

Wegmans may update my billing address and/or credit card expiration date on file.

For Internal Use Only
Specialist Signature: Date Received:

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