



# REGISTRATION / PRESCRIPTION ORDER FORM, cont.

## DEPENDENT INFORMATION (Print additional pages if you have coverage for multiple dependents)

Be sure to complete Member Information section

Dependent Name: \_\_\_\_\_  
First Middle Initial Last

Address: \_\_\_\_\_  
Street or P.O. Box Suite or Apt # City State Zip

( ) ( )  
Daytime Phone Evening Phone

Date of Birth: / / Female:  Male:   
MM DD YYYY

Relationship to Cardholder: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Dr.'s Phone: \_\_\_\_\_  
First Last

Patient requests easy-off caps  
 Patient requests Spanish language on labels

Allergies:  
 32-Codeine     70-Penicillin     87-Sulfa     93-Tetracycline     No known allergies  
 Other (list): \_\_\_\_\_

Health Conditions:  
 200-Diabetes     300-Hypertension     400-Heart Disease     500-Glaucoma  
 600-Stomach Disorders     700-Thyroid Disease     800-Arthritis     No known health conditions  
 Other (list): \_\_\_\_\_

## CREDIT CARD INFORMATION

Credit Card Number: \_\_\_\_\_  
(Please circle: Visa, MasterCard, Discover)

Credit Card Number: \_\_\_\_\_  
(American Express)

Name as it appears on card: \_\_\_\_\_  
First Middle Initial Last

Expiration Date: / / Signature: \_\_\_\_\_  
MM DD YYYY

It is standard pharmacy practice to substitute generic equivalents for brand-name drugs whenever possible. Samaritan Pharmacy Services will dispense an FDA-approved generic equivalent whenever available, permitted by your prescriber, and allowable by law. If you do not want a generic equivalent, please call our Customer Care Center at (541) 768-5225 to advise.

Simply mail your original prescription and this form along with your credit card information or check made payable to:  
 Samaritan Pharmacy Services, 3521 NW Samaritan Drive, Suite 202, Corvallis OR 97330  
 Customer Care Center: (541) 768-5225, toll free 1-866-374-7245  
 Refills by Phone: (541) 768-5230