Instructions: Complete this form and mail it with the required physician prescription(s) to:

Clearscript Prescription Mail Service
Fairview Mail Service Pharmacy
711 Kasota Ave., Minneapolis, MN 55414

Please select from the following:

- ☐ New prescription(s) - Place on my medication profile. I will contact Fairview Mail Service when I want my prescription(s) filled.
- ☐ New prescription(s) - Dispense and mail out when received
- ☐ Updating demographic information

PLEASE PRINT

Refer to your employee benefits information for copay amounts. Enclose your original prescription(s) and your credit card payment information.

Patient Demographics

Patient Name: ____ Date of Birth: ____ Male/Female: ____

Address: ____

City: ____ State: ____ Zip Code: ____

Home Phone: ____ Work Phone: ____ Mobile Phone: ____

Parent/Guardian Name (if applicable): ____

Physician Name: ____ Office Phone Number: ____

Allergies:

☐ None ☐ Aspirin ☐ Codeine ☐ Iodine ☐ Erythromycin ☐ Sulfa ☐ Penicillin ☐ Other ____

Health Conditions:

☐ Asthma ☐ Diabetes ☐ Glaucoma ☐ High Cholesterol ☐ Arthritis ☐ High Blood Pressure

☐ Thyroid (low) ☐ Thyroid (high) ☐ Other ____

Prescriptions & over-the-counter medications currently taking: ____

Insurance Information

Insurance Name: ____ ID Number: ____

Group: ____ BIN: ____ PCN: ____

Payment Information

☐ **Charge to my credit card below** ☐ **Pharmacy to call me for payment information**

Cardholder Name: ____ Account Number: ____

Cardholder Signature: ____ Expiration Date: ____

☐ Mastercard ☐ Visa ☐ American Express ☐ Discover

Shipping Information (if different from above)

Name: ____

Address: ____ City ____ State/Zip: ____

I certify that all information on this form is correct. I permit Fairview Mail Service Pharmacy to release all information to plan sponsor, administrator or underwriter.

X ____

Signature Required

Easy-Open Containers

Please sign below if you want prescriptions dispensed in containers that are NOT child-resistant.

X ____

Signature Required

Fairview Mail Service Pharmacy
1-866-377-6245
www.fairview.org/mailservice

FAIRVIEW