Traditional Mail Order Service PATIENT PROFILE FORM

Thank you for choosing to use the Traditional Mail Order Service offered by Costco Mail Order Pharmacy. Please complete, sign, and return this form only if this is your first time using our mail order pharmacy. If you need additional copies of this form please feel free to make a photocopy or contact Costco Mail Order Pharmacy at 1-800-607-6861 or EnvisionRxOptions, 1-800-361-4542. Our goal is to have your prescription order returned to you within 14 days. To avoid a delay in your order please ensure you complete the entire form, front and back, provide payment information, and include a prescription(s) from your physician for the maximum days supply allowed (90-day supply for most maintenance medications).

SHIPPING INFORMATION Please tell us where we should ship your order(s).

LAST NAME | FIRST NAME | MI

SHIPPING ADDRESS (INCLUDE APT. NO. IF APPLICABLE) | CITY | STATE | ZIP

PHONE NUMBER (INCLUDING AREA CODE) | COSTCO MEMBERSHIP NO. (optional)

YES ❑ NO ❑

DO YOU WISH TO RECEIVE E-MAIL REFILL AND RENEWAL REMINDERS? | E-MAIL ADDRESS (optional)

INSURANCE INFORMATION EnvisionRxOptions BIN – 009893 PCN – roirx

MEMBER ID NO. | GROUP NO.

POLICY HOLDER NAME | POLICY HOLDER DATE OF BIRTH (MM/DD/YYYY)

HEALTH PROFILE Please fill in the appropriate box(es) below for each member of the family that is covered. If additional space is needed, please attach a separate sheet with additional information.

	CARDHOLDER	SPOUSE	DEPENDENT	DEPENDENT	DEPENDENT
LAST NAME					
FIRST NAME					
MIDDLE INITIAL					
DATE OF BIRTH (MM/DD/YYYY)					
SEX	M ❑ F ❑	M ❑ F ❑	M ❑ F ❑	M ❑ F ❑	M ❑ F ❑

Drug Allergies please check the appropriate box(es) where a drug allergy is known.

	CARDHOLDER	SPOUSE	DEPENDENT	DEPENDENT	DEPENDENT
No known allergies	❑	❑	❑	❑	❑
Erythromycin	❑	❑	❑	❑	❑
Penicillin	❑	❑	❑	❑	❑
Codeine	❑	❑	❑	❑	❑
Aspirin	❑	❑	❑	❑	❑
Sulfa	❑	❑	❑	❑	❑
Other					

Disease States please check the appropriate box(es) for known medical conditions.

	CARDHOLDER	SPOUSE	DEPENDENT	DEPENDENT	DEPENDENT
No known diseases	❑	❑	❑	❑	❑
Diabetes	❑	❑	❑	❑	❑
Thyroid	❑	❑	❑	❑	❑
High blood pressure	❑	❑	❑	❑	❑
Asthma	❑	❑	❑	❑	❑
Glaucoma	❑	❑	❑	❑	❑
Epilepsy	❑	❑	❑	❑	❑
Other					

FORM CONTINUED ON REVERSE