



FOR: _____ DATE: _____

ADDRESS: _____ TEL: _____

**Facsimile Not valid for CII prescriptions
Valid only at Walgreens Healthcare Plus**

Dr: _____ DISPENSE AS WRITTEN Dr: _____ SUBSTITUTION PERMISSIBLE
MAY SUBSTITUTE

PHYSICIAN NAME (PLEASE PRINT): _____

REFILL _____ TIMES ADDRESS _____

DEA # _____ TELEPHONE # _____



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FAX ORDER FORM for Pinal/Gila Long Term Care



INTERCOM: PCLTC UPI NO.: PCL 001

PHYSICIAN: Please fax fully completed form to Walgreens Healthcare Plus: **1-800-332-9581**.
TO THE MEMBER: Walgreens Healthcare Plus is your mail service pharmacy. Please make every attempt to obtain a new written prescription from your doctor and send it with an order form to:

Walgreens Healthcare Plus, P.O. Box 29061, Phoenix, AZ 85038-9061

Follow these steps to fax your prescription from your doctor's office:

1. Fully complete the Member Information section below using **black ink** only.
2. Have your doctor supply the prescription information requested using this fax form.
3. Have your doctor fax the form to the number above. **IMPORTANT: To be valid, the prescription must be faxed from your doctor's office.**
4. Please allow 2 weeks for delivery from the date your physician faxes your prescription in.
5. Please contact your Pinal/Gila Long Term Care case manager with any questions concerning your pharmacy services at 520-866-6775 or 1-800-831-4213.

PLEASE NOTE: By submitting this form, you have authorized release of all information to Walgreens Healthcare Plus (and other necessary parties) as required to process your prescriptions and their refills under your benefit plan.

1. MEMBER INFORMATION

Member Date of Birth		Group No. PCL	
AHCCCS ID Number (copy from ID card)			<input type="checkbox"/> Male <input type="checkbox"/> Female
Member Name (First, Last)		Daytime Phone ()	Evening Phone ()
Mailing Address		E-mail Address	
City	State	ZIP Code	
Dr.'s Name		Dr.'s Phone ()	
MEMBER ALLERGIES:		MEMBER HEALTH CONDITIONS:	
<input type="checkbox"/> No Known	<input type="checkbox"/> 32-Codeine	<input type="checkbox"/> No Known	<input type="checkbox"/> 200-Diabetes <input type="checkbox"/> 300-Hypertension
<input type="checkbox"/> 70-Penicillin	<input type="checkbox"/> 87-Sulfa	<input type="checkbox"/> 400-Heart Disease	<input type="checkbox"/> 500-Glaucoma <input type="checkbox"/> 600-Stomach Disorders
<input type="checkbox"/> 93-Tetracycline	<input type="checkbox"/> Other (list):	<input type="checkbox"/> 700-Thyroid Disease	<input type="checkbox"/> 800-Arthritis <input type="checkbox"/> Other (list):

PLEASE NOTE: It is standard pharmacy practice to substitute generic equivalents for brand drugs whenever possible.

This form should be used for ordering maintenance medications (excluding over the counter items) as covered by Pinal/Gila Long Term Care. Non-covered items submitted will be returned unfilled.