Wegmans pharmacy Free Home Delivery Order Form

Wegmans Pharmacy Free Home Delivery
P.O. Box 64472
Rochester, NY 14624
1-800-586-6910

1. Complete Patient Information

First Name | MI | Last Name | Suffix | Date of Birth (MM/ DD/YYYY)

Permanent Address

City | State | Zip Code

Email Address (for shipping notification) | Preferred Phone Number

( ) -

Check one: ◯ Home ◯ Cell

Gender: ◯ Male ◯ Female

Drug Allergies: ◯ None ◯ Codeine ◯ Penicillin ◯ Aspirin ◯ Sulfa ◯ Other

2. List Prescriptions

Prescriber Name	Prescriber Phone #

Drug Name/Strength	Directions	Fill Now	Hold for later fill
		◯	◯
		◯	◯
		◯	◯
		◯	◯

◯ Please enroll my prescriptions in Automatic Refills (Note. Some state/federally funded insurance companies do not allow automated refills. You will receive a phone call if we are unable to accommodate your request.)

3. Enter Payment Information

Credit Card Type: ◯ American Express ◯ Discover ◯ MasterCard ◯ Visa

Credit card Number | Expiration (MM/YY)

First Name | MI | Last Name | Suffix

Permanent Address

City | State | Zip Code

If billing address is same as permanent address, please check here: ◯

Please choose one of the following options:

◯ Place the credit card information above on file for **patient associated with this order.**

◯ Place the credit card information above on file for the recurrent use for the **patient associated with this order and future orders.**

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.

Cardholder Signature: _____ Date: _____

For Internal Use Only	
Specialist Signature:	Date Received: