



Mail-Order Pharmacy

Order refills

It's easy. Just complete this form, and fax or mail it to us. We'll do the rest.

Patient first and last name:		Daytime phone number:		
8-digit ID from member card: <input type="text"/>		Is it OK to leave a detailed message? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Personal (primary care) doctor's name:		Doctor's phone number:		
Prescription number:	Medication name:	Date last filled:	Strength:	Quantity:
Prescriber (if other than personal doctor):		Prescriber's phone number:		
Prescription number:	Medication name:	Date last filled:	Strength:	Quantity:

Shipping information: Your order should arrive within seven business days. You will be billed separately. *To protect your security, please do not send bank card information with your order.*

Name:		
Address:		Apt:
City:	State:	ZIP code:

FAX:
206-901-4443
1-800-350-1683

MAIL:
Group Health Mail Order Pharmacy
P.O. Box 34383
Seattle, WA 98124-1383

Ordering refills is even easier if you order online through MyGroupHealth at www.ghc.org.* Or use our automated telephone system at 1-800-245-7979.

*ID verification required to use MyGroupHealth enhanced services.