

American Discount Pharmacy  
110 E. Main Street, Suite A  
Immokalee, FL 34142

Phone: 239-658-6123

Fax: 239-658-6127

## Prescription Order Form

Please complete a separate form for each family member enrolling in our mail order services. Your order may be delayed if any information is missing or incomplete. Please mail this form to the address above with your prescriptions attached. **ATTENTION: We currently mail prescriptions to PENNSYLVANIA AND FLORIDA ADDRESSES ONLY. We do not mail controlled medications to Pennsylvania. Please, call before mailing your prescription to check if it is a controlled drug.**

If you would like us to obtain permission from your physician to double the strength of your medication(s) so that you may take 1/2 tablet and extend the supply of medication from 90 days to 180 days in order to save money, please check the box next to the prescription name labeled "Double Strength."

### Patient Information (person for whom the prescription is written)

\_\_\_\_\_

Name (last) \_\_\_\_\_ (first) \_\_\_\_\_ (middle) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_  Male  Female

Email Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

Drug Allergies \_\_\_\_\_

Health Conditions \_\_\_\_\_

Current Medications \_\_\_\_\_

### Healthcare Provider Information (please provide information on the prescribing physician)

\_\_\_\_\_

Physician Name \_\_\_\_\_ Phone \_\_\_\_\_

### Payment Information (we only accept VISA, Master Card, Discover, and AMEX; or Money Order made out to American Discount Pharmacy)

\_\_\_\_\_

Credit Card Number (16 digits) \_\_\_\_\_ Expiration Date (MM/YY) \_\_\_\_\_

CVV Code (3 digit code on back of card, far right) \_\_\_\_\_ NAME (as it appears on card) \_\_\_\_\_

### Prescription Details

New	Transfer	Refill	Double Strength	Prescription Name	Quantity	Strength	Last Date Filled	Rx Number: refills/transfers	Your Cost
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____	\$ _____

Transfer: If your prescription is a transfer, please provide the following: Shipping Charge per order (Flat Rate) \$ 5.00

Pharmacy Name: \_\_\_\_\_ Pharmacy Phone: (\_\_\_\_) \_\_\_\_\_ Optional Pill Splitter (\$3.50) \$ \_\_\_\_\_

If you would like a **signature required** for the delivery of your medication, please fill in the optional \$2.00 additional delivery charge (\$2.00) \$ \_\_\_\_\_

**Your Total Cost** \$ \_\_\_\_\_

Note: If you are filling a new prescription for a controlled drug, you must write the date you last filled that same medication at another pharmacy.

**Don't forget to add a Pill Splitter when you select Double Strength**  
Check the box if you would like instructions in SPANISH

SIGNATURE REQUIRED \_\_\_\_\_ DATE \_\_\_\_\_

\*By signing this form, I acknowledge that I have read and agree to the terms and conditions of the Notice of Privacy Practices posted on this website.

**PLEASE NOTE:** IF YOU HAVE MORE THAN 4 PRESCRIPTIONS, PLEASE USE THIS FORM IN ADDITION TO THE ONE ABOVE. YOU MAY ALSO USE THIS FORM TO ORDER OVER-THE-COUNTER PRODUCTS FROM OUR LIST BELOW.

**Patient Information** (person for whom the prescription is written) Please rewrite your name in case this sheet becomes separated.

Name (last) \_\_\_\_\_ (first) \_\_\_\_\_ (middle) \_\_\_\_\_

**Prescription Details**

New	Transfer	Refill	Double Strength	Prescription Name	Quantity	Strength	Last Date Filled	Rx Number: refills/transfers	Your Cost
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____	\$ _____

**Over-The-Counter Products** (please, CIRCLE the desired products and write the quantity you would like us to send with your order)

OTC Product Carried (We carry only this column)	Brand Name Equivalent	Quantity Per Box	Price Per Unit	OTC Product Carried (We carry only this column)	Brand Name Equivalent	Quantity Per Box	Price Per Unit
Mapap 500mg caplets	Tylenol ES	175 tabs	\$5.50	Natural Balance Tears drops	Tears Naturale	15 mL	\$4.00
Mapap Arthritis Pain caplets	Tylenol Arthritis	100 tabs	\$8.50	Hemorrhoidal ointment	Preparation-H oint.	57 gm	\$4.00
Pain Reliever Plus tabs	Excedrin Plus	100 tabs	\$4.50	Gas Free E/S caps	Gas-X E/S	30 caps	\$4.00
Ibuprofen 200mg tabs	Motrin/Advil	100 tabs	\$4.00	Anti-Diarrheal caplets	Imodium-AD	24 tabs	\$4.00
Naproxen Sod. 220mg tabs	Aleve	100 tabs	\$8.00	Prilosec OTC 20mg tabs	Omeprazole 20mg	28 tabs	\$19.00
Pain Relieving Rub	Bengay Ultra	57 gm	\$5.00	Prilosec OTC 20mg tabs	Omeprazole 20mg	42 tabs	\$25.00
Aspirin 81mg EC tabs	Bayer 81mg EC	120 tabs	\$2.69	Ranitidine 150mg tabs	Zantac 150mg	50 tabs	\$7.50
Aspirin 325mg EC tabs	Ecotrin	100 tabs	\$3.50	Docusate Sod. 100mg caps	Colace 100mg	100 caps	\$4.00
Aspirin 325mg regular tabs	Bayer 325mg	500 tabs	\$6.00	Senna Laxative tabs	Senakot	100 tabs	\$7.50
Certa-Vite W/Lutein tabs	Centrum W/Lutein	130 tabs	\$5.50	Senna Laxative Plus tabs	Senakot-S	100 tabs	\$8.50
Calcium 600mg W/D 400IU	Caltrate 600 W/D	60 tabs	\$3.00	Bisacodyl 5mg tabs	Dulcolax 5mg	100 tabs	\$4.00
Calcium 600mg W/D 400IU	Caltrate 600 W/D	150 tabs	\$5.00	Hydrocortisone 1% cream w/aloe		30 gm	\$3.50
Coenzyme Q-10 50mg sftgls		30 caps	\$8.50	Instant Hand Sanitizer	Purell Hand San.	240 mL	\$3.00
Fish Oil High Potency 1000mg		100 caps	\$7.99	Triple Antibiotic ointment	Neosporin oint.	30 gm	\$4.50
Feosol 325mg Fc red tabs	Ferosul 5gr Red	100 tabs	\$3.00	Double Antibiotic ointment	Polysporin oint.	30 gm	\$9.00
Magdelay EC tabs	Slow-Mag 64mg	60 tabs	\$7.50	Alcohol Prep Pads		100 pads	\$2.00
Phenazopyridine tabs	Azo-Standard tabs	30 tabs	\$5.00	Cold Sore 1 Day Treatment	Viroxyn Cold Sore	1.2 mL	\$14.99
Saw Palmetto 450mg caps		100 caps	\$6.50	Clotrimazole cream	Lotrimin-AF cream	30 gm	\$4.50
Cetirizine 10mg tabs	Zyrtec 10mg	30 tabs	\$5.00	Terbinafine 1% cream	Lamisil AT cream	30 gm	\$9.00
Loratidine 10mg tabs	Claritin 10mg	30 tabs	\$4.00	Truetrack Starter Kit		1 kit	\$19.50
Mucus Relief tabs		30 tabs	\$4.00	Truetrack Test Strips		50 strips	\$21.00
Diphenhydramine 25mg caps	Benadryl 25mg	100 caps	\$4.00	Truetrack Test Strips		100 strips	\$40.00
Allergy 4mg tabs	Chlor-Trimeton	100 tabs	\$3.00	Major Comfort lancets		100	\$5.00

**Your Total Cost**

**25 Medications are Free for 2012**

Total Cost from the 1<sup>st</sup> page (including the \$5.00 delivery charge) \$ \_\_\_\_\_

Total Cost from the 2<sup>nd</sup> page (including OTC items) \$ \_\_\_\_\_

**Your Total Cost (everything you've selected + prescriptions)** \$ \_\_\_\_\_

*Maintenance medications for blood pressure, cholesterol, diabetes, blood thinner, and breast cancer are free for a 90-day supply all year long. Check out our comprehensive list online.*