



Shorten your trip to the pharmacy.

Just complete this form and fax or mail it to us. Then you can order refills direct, and delivery is free.

Or, if you've registered & upgraded on MyGroupHealth, at www.ghc.org, you can do it all online.



GroupHealth

GROUP HEALTH COOPERATIVE'S MAIL ORDER PRESCRIPTION TRANSFER REQUEST

Patient name:		Daytime phone number:	
Address:		Apt.:	
City:	State:	Zip code:	
Member identification number:		Or, if new member check here: <input type="checkbox"/>	
Current pharmacy name:		Current pharmacy phone number:	

1	Prescription number:	Medication name:	Qty. for:
	_____	_____	<input type="checkbox"/> 1 mo.
	Prescribing physician:	Physician's phone number:	<input type="checkbox"/> 3 mo.
	_____	_____	

2	Prescription number:	Medication name:	Qty. for:
	_____	_____	<input type="checkbox"/> 1 mo.
	Prescribing physician:	Physician's phone number:	<input type="checkbox"/> 3 mo.
	_____	_____	

3	Prescription number:	Medication name:	Qty. for:
	_____	_____	<input type="checkbox"/> 1 mo.
	Prescribing physician:	Physician's phone number:	<input type="checkbox"/> 3 mo.
	_____	_____	

4	Prescription number:	Medication name:	Qty. for:
	_____	_____	<input type="checkbox"/> 1 mo.
	Prescribing physician:	Physician's phone number:	<input type="checkbox"/> 3 mo.
	_____	_____	

5	Prescription number:	Medication name:	Qty. for:
	_____	_____	<input type="checkbox"/> 1 mo.
	Prescribing physician:	Physician's phone number:	<input type="checkbox"/> 3 mo.
	_____	_____	

To transfer more prescriptions, please make a copy of this form.

ORDER NOW—Check this box and give us the information requested below. Your order should be received within 5–7 business days.

Delivery address (if different from above):		Apt.:	
City:	State:	Zip code:	

PAYMENT INFORMATION: Visa MasterCard Discover Check enclosed (make checks payable to GHC)

Name as it appears on the card:	
Card number:	Expiration date:
_____	Month Year

ORDER LATER—We'll transfer your prescriptions into our system now. Then when you need a refill, you'll find your transferred prescriptions ready to order when you log in and register for MyGroupHealth at ghc.org and click on My Medications.

FAX this form to: 206-901-4443 or 800-350-1683 (toll-free) or MAIL to: Group Health Mail Order Pharmacy
PO Box 34383
Seattle, WA 98124-1383