

To enroll online: Go to [www.rx.procarerx.com](http://www.rx.procarerx.com), click on “New Customer Registration”

To manually process your registration, please complete the form below and follow the mailing instructions at the bottom.

### SERVICE REGISTRATION AND PRESCRIPTION ORDER FORM

(Please include your prescription with this form.)

A. PATIENT INFORMATION				
Last Name		First Name		Initial
Date of Birth	Sex	M	F	Home Phone
Mailing Address		City	State	Zip Code
Physical Address		City	State	Zip Code
B. HEALTH INSURANCE INFORMATION				
Name of Policyholder			Patient Member ID Number	
Group Number	Relationship to Policyholder		Self	Spouse
Child				
C. PHYSICIAN INFORMATION				
Physician Name				
Telephone			Fax	
D. HEALTH HISTORY <i>(If more space is needed, please use separate sheet of paper.)</i>			E. METHOD OF PAYMENT	
<b>Allergies</b>	<b>Health Conditions</b>	<b>Current Medications <i>(specify dose)</i></b>	<i>Payment due with each order. This card will be used for this and future orders unless another card is submitted and authorized.</i>	
Iodine	Thyroid		<b>Credit Card:</b>	
Aspirin	Diabetes		Visa	American Express
Penicillin	Glaucoma		Mastercard	Discover
Codeine	Hypertension		Card Number	
Sulfa	Epilepsy		Expiration Date	
Cephalosporin	Ulcers		Signature	
None	Arthritis		Date	
Others (specify)	Heart Disease			
	Asthma			
	Others (specify)			
F. COMMUNICATIONS PREFERENCE				
Email		Text (cell #)		Telephone (ph #)
ProCare Rx PharmacyCare LLC will dispense equivalent generic medications as allowed by law and with your physician's authorization. If you wish for your prescriptions to be “dispensed as written” (no generics), please check the box below:				
Do not fill with generic medications, please dispense as written. (By checking this box, a higher copayment amount may apply.)				
Please send this form and the original prescription with patient name and date of birth written on it to the following address:				
<b>ProCare Rx PharmacyCare, 2850 North Commerce Parkway, Miramar, FL 33025</b>				
<b>Pharmacy Hours: Monday – Friday 9a to 6p (ET), Saturday 9a to 1p (ET) / PH 800-662-0586   FAX 800-662-0590   TTY LINE 711</b>				
<b>Email: <a href="mailto:HomeDelivery@ProCareRx.com">HomeDelivery@ProCareRx.com</a></b>				
They physician may fax the prescription to ProCare Rx PharmacyCare to be processed. Please call the pharmacy prior to having your doctor send the prescription to confirm your shipping address and provide payment: 1-800-662-0586, Option 2.				