



# Home Delivery Service Sign-Up Form

Mail this form to: **Wegmans Pharmacy Home Delivery**  
 P.O. Box 64472  
 Rochester, NY 14624

- Please complete this form and mail it to us at the address below with your original, prescriber-signed prescription(s).
- If you need assistance, please call our Mail Order Customer Service line at 1-800-934-4797.
- Once your prescription is delivered, go to [www.Wegmans.com/pharmacy](http://www.Wegmans.com/pharmacy) to set up your Wegmans pharmacy online profile.

## 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	
				█	( )

Would you like to receive Text message alerts regarding the status of your order? Check one:  Yes  No

Would you like Automatic Refill for your prescriptions? Check one:  Yes  No

**Gender:**  Male  Female      **Drug Allergies:**  None  Codeine  Penicillin  Aspirin  Sulfa  Other:

## Insurance Information:

Rx BIN	Rx PCN	Cardholder ID	Rx GRP
	█	█	█
Relationship to Cardholder:			
<input type="radio"/> Cardholder <input type="radio"/> Spouse <input type="radio"/> Child			

## Shipping Information:

**Delivery Method:**     Standard (5-10 business days): No Charge     1-2 business days: \$12.95

Shipping Address (only if different than permanent address)

City			State	Zip Code
			█	█

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**Additional Family Member (1):**

**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**  (  )

Would you like to receive Text message alerts regarding the status of your order? **Check one:**  Yes  No

Would you like Automatic Refill for your prescriptions? **Check one:**  Yes  No

**Gender:**  Male  Female      **Drug Allergies:**  None  Codeine  Penicillin  Aspirin  Sulfa  Other:

**Insurance Information:**  Same as above

**Rx BIN**  **Rx PCN**  **Cardholder ID**  **Rx GRP**

**Relationship to Cardholder:**  Cardholder  Spouse  Child

**Shipping Information:**  Same as above

**Delivery Method:**  Standard (5-10 business days): No Charge       1-2 business days: \$12.95

**Shipping Address (only if different than permanent address)**

**City**  **State**  **Zip Code**

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**Additional Family Member (2):**

First Name	MI	Last Name	Suffix	Date of Birth (MM/DD/YYYY)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Permanent Address

City  State  Zip Code

Email Address (for shipping notification)  Preferred Phone Number

Would you like to receive Text message alerts regarding the status of your order? Check one:  Yes  No

Would you like Automatic Refill for your prescriptions? Check one:  Yes  No

Gender:  Male  Female  
Drug Allergies:  None  Codeine  Penicillin  Aspirin  Sulfa  Other:

**Insurance Information:**  Same as above

Rx BIN	Rx PCN	Cardholder ID	Rx GRP
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Relationship to Cardholder:  
 Cardholder  Spouse  Child

**Shipping Information:**  Same as above

Delivery Method:  Standard (5-10 business days): No Charge  1-2 business days: \$12.95

Shipping Address (only if different than permanent address)

City  State  Zip Code

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**Additional Family Member (3):**

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																	
																					(		)														

Would you like to receive Text message alerts regarding the status of your order? Check one:  Yes  No

Would you like Automatic Refill for your prescriptions? Check one:  Yes  No

Gender:  Male  Female      Drug Allergies:  None  Codeine  Penicillin  Aspirin  Sulfa  Other:

**Insurance Information:**  Same as above

Rx BIN					Rx PCN					Cardholder ID										Rx GRP									

Relationship to Cardholder:  
 Cardholder  Spouse  Child

**Shipping Information:**  Same as above

Delivery Method:  Standard (5-10 business days): No Charge       1-2 business days: \$12.95

Shipping Address (only if different than permanent address)

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City																									State			Zip Code	

**Prescriptions:**

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Patient	MD Name	MD Phone #	Drug Name/Strength	I will include prescription with this form	Please contact my doctor for this prescription.
				<input type="radio"/>	<input type="radio"/>
				<input type="radio"/>	<input type="radio"/>
				<input type="radio"/>	<input type="radio"/>
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