null
Tell us about the people ordering prescriptions. If there are more than two people, please complete another form.

**First person** with a refill or new prescription.

- **Last Name**
- **First Name**
- **Gender** (M/F)
- **Date of birth**
- **E-mail address**
- **Doctor’s last name**
- **Doctor’s first name**
- **Doctor’s phone #**

Tell us about new health information for 1st person if never provided or if changed.

- **Allergies**: None, Aspirin, Cephalosporin, Codeine, Erythromycin, Peanuts, Penicillin, Sulfa, Other
- **Medical conditions**: Arthritis, Asthma, Diabetes, Acid reflux, Glaucoma, Heart problem, High blood pressure, High cholesterol, Migraine, Osteoporosis, Prostate issues, Thyroid, Other

**Second person** with a refill or new prescription.

- **Last Name**
- **First Name**
- **Gender** (M/F)
- **Date of birth**
- **E-mail address**
- **Doctor’s last name**
- **Doctor’s first name**
- **Doctor’s phone #**

Tell us about new health information for 2nd person if never provided or if changed.

- **Allergies**: None, Aspirin, Cephalosporin, Codeine, Erythromycin, Peanuts, Penicillin, Sulfa, Other
- **Medical conditions**: Arthritis, Asthma, Diabetes, Acid reflux, Glaucoma, Heart problem, High blood pressure, High cholesterol, Migraine, Osteoporosis, Prostate issues, Thyroid, Other

**Special instructions:**

**How would you like to pay for this order?** (If your copay is $0, you do not need to provide payment information.)

- **Electronic check.** Pay from your bank account. (You must first register online or call Customer Care.)
- **Credit or debit card.** (VISA®, MasterCard®, Discover®, or American Express®)
  - Use your card on file.
  - Use a new card or update your card’s expiration date.
  - Exp. Date MMYY
- **Check or money order.** Amount: $

**Credit card holder signature/Date**

Regular delivery is free and takes up to 5 days after your order is processed.

If you want faster delivery, choose:

- **2nd business day ($17)**
- **Next business day ($23)**

Expected processing time from receipt of this form:

- Refills: 1-2 days
- New/renewed prescriptions: Within 5 days unless additional information is needed from your doctor

I authorize Aetna Rx Home Delivery to bill my credit card for any out-of-pocket costs or special shipping costs in effect at the time my order is filled.

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