

MEMBER ID NUMBER: \_\_\_\_\_

*Dear Member:*

Welcome to the Orchard Prescription Mail Service Program. Our program offers you a convenient way of obtaining your maintenance medications. To enroll in our program and place your initial order, you must complete the enclosed Orchard Enrollment Form/Confidential Patient Profile, include your original written prescription(s) and return all to Orchard in the enclosed envelope. If you wish to transfer any remaining refills from your previous pharmacy provider to Orchard, please provide the prescription information below and send to Orchard along with your Enrollment Form/Confidential Patient Form. Our Orchard pharmacist will contact your previous pharmacy provider and request the transfer. If they will not honor the refill request, Orchard will contact your physician to obtain a new prescription for you. In the event Orchard is unable to obtain a prescription from your physician in a timely manner, we will notify you immediately.

Patient Name	Previous Pharmacy & Phone Number (Fax if Known)	Prescription #	Medication Name And Strength	Physician's Name	Physician's Phone Number	Fill RX Now? Yes or No

Orchard Pharmaceuticals  
 P.O. Box 3094  
 North Canton, OH 44720  
  
 1-866-909-5170 • 1-866-909-5171 Fax  
 www.orchardrx.com

MEMBER ID NAME - PRINTED: \_\_\_\_\_

MEMBER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

EVENING PHONE NUMBER: \_\_\_\_\_

DAYTIME PHONE NUMBER: \_\_\_\_\_