

**THIS FORM TO BE USED FOR PRESCRIPTION ORDERS ONLY. PLEASE FILL OUT FORM COMPLETELY.  
 (TO BE FILLED OUT BY PATIENT OR PATIENT'S AGENT ONLY - NO T O BE FILLED OUT BY HOTEL STAFF)**

**PATIENT INFORMATION**

PATIENT NAME: \_\_\_\_\_  
 HOME ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 HOME PHONE: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
 CELL PHONE: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
 PATIENT'S DATE OF BIRTH: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**PLEASE LIST ALL ALLERGIES, MEDICAL CONDITIONS  
 AND CURRENT MEDICATIONS**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*Please note, Turner Drugs does not accept insurance plans. We do provide itemized receipts and NCPDP universal claim forms for out-of-network reimbursement. Turner drugs does not share any personal health information with any other entities except your insurance company if necessary. Your signature below shows acceptance of these conditions.*

**SIGNATURE:** \_\_\_\_\_

**DELIVERY INFORMATION**

HOTEL NAME: \_\_\_\_\_  
 ROOM NUMBER: \_\_\_\_\_  
 NAME REGISTERED: \_\_\_\_\_  
 HOTEL ADDRESS: \_\_\_\_\_  
 HOTEL PHONE NUMBER:( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**INSTRUCTIONS FOR SUBMITTING YOUR  
 PRESCRIPTION VIA MOBILE DEVICE.**

- 1) Fill out this form completely **FOR THE PATIENT.**
- 2) Visit our site at [www.turnerdrug.com](http://www.turnerdrug.com) and click "**PRESCRIPTION MEDICATION INFORMATION**".
- 3) Click the icon labeled "**UPLOAD PRESCRIPTION TO PHARMACY**" or visit [www.turnerdrug.com/rxupload](http://www.turnerdrug.com/rxupload)"
- 4) Follow the instructions provided to take a photo of your prescription and submit it.
- 5) After you have submitted your prescription, contact the pharmacy to verify it was received.
- 6) Have the original prescription available when the medication is delivered as the driver will be required to pick it up and return it to the pharmacy.

**IF YOUR HOTEL FRONT DESK WILL  
 FAX YOUR PRESCRIPTION TO  
 THE PHARMACY**

- 1) Fill out this form completely and fax this form and your prescription to (407) 828-8027.
- 2) Have the original prescription available when the medication is delivered as the driver will be required to pick it up and return it to the pharmacy.

**PAYMENT INFORMATION**

CARD TYPE: VISA \_\_\_\_\_ M/C- \_\_\_\_\_ DISC \_\_\_\_\_ AMEX \_\_\_\_\_  
 CARD NUMBER: \_\_\_\_\_  
 EXPIRATION DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ CVV: \_\_\_\_\_  
 CARDHOLDER NAME: \_\_\_\_\_  
 BILLING ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP \_\_\_\_\_  
 BILLING PHONE NUMBER: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**PLEASE NOTE, SOME MEDICATIONS CANNOT BE HANDLED VIA FAX OR ONLINE SUBMISSION  
 PLEASE CALL THE PHARMACY AT (407) 828-8125 TO VERIFY YOUR PRESCRIPTION  
 CAN BE HANDLED IN THIS MANNER, ALSO TO VERIFY PRICING & AVAILABILITY.**