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## **Mail Service Order Form**

Instructions: Please PRINT in CAPITAL letters using BLACK ink only. Fill in the applicable ovals completely (●).

Mail this completed form, the prescriber's signed prescription(s), and your payment to

AdvanceRx.com in the envelope provided.

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Payment 14 Information If	our order will be shipped standard delivery at no charge. Please allow days from the date you mail your order for delivery of your medicine. you prefer expedited delivery, mark the appropriate oval. Expedited  2nd Business  Day = \$10 (per order)  Next Business
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The credit card will be cha	rged for drug costs, expedited shipping (if applicable) and any outstanding balances due.

Enclose original prescriber-signed prescription(s) and payment with this form. Ask your doctor to

New Prescription

By returning this form to AdvanceRx.com, you consent to the use and release of your health information and that of your covered dependents (if you are their guardian or authorized representative) to your health plans and health care providers/agents for health benefits management.