

CARILION CLINIC PHARMACY MAIL-ORDER RE-ORDER

Patient Profile – You'll need to complete a separate form for each person who uses our pharmacy services.

Patient last name: First name:

Date of birth (mm/dd/yyyy):

Home phone: Cell phone: Work phone:

Email:

Delivery address: Apt #:

City: State: Zip:

If your address has changed, indicate here: This order only Permanent

Delivery options – If you're delivery option has changed, please contact Carilion Clinic Pharmacy – Crystal Spring at 540-853-0905 or 855-479-6245, Monday through Friday, 8:30 a.m. to 6:00 p.m. and Saturday 9:00 a.m. to 12:30 p.m. and one of our mail-order pharmacy technicians will be happy to assist you.

Prescription Information

Rx#: <input type="text"/>	Medication name: <input type="text"/>	Strength: <input type="text"/>	Quantity: <input type="text"/>
Rx#: <input type="text"/>	Medication name: <input type="text"/>	Strength: <input type="text"/>	Quantity: <input type="text"/>
Rx#: <input type="text"/>	Medication name: <input type="text"/>	Strength: <input type="text"/>	Quantity: <input type="text"/>
Rx#: <input type="text"/>	Medication name: <input type="text"/>	Strength: <input type="text"/>	Quantity: <input type="text"/>
Rx#: <input type="text"/>	Medication name: <input type="text"/>	Strength: <input type="text"/>	Quantity: <input type="text"/>

Payment Information – Please allow 12 days from the date you mail your form to the delivery of your medication.

Please select your method of payment:

Carilion payroll deduction. Kronos number (badge #), if using payroll deduction:

Charge my credit/debit card: FSA Discover MasterCard Visa AmEx

Card number: Expirations date:

Signature: Date:

Ship overnight. Add \$20 to order amount (price subject to change).

Submit Form(s) – Submit your form(s) using one of the following methods.

MAIL or IN-PERSON Carilion Clinic Pharmacy – Crystal Spring Attn: Mail & Specialty Pharmacy Services 2001 Crystal Spring Ave. Suite 101 Roanoke, VA 24014	INTEROFFICE Carilion Clinic Pharmacy – Crystal Spring Attn: Mail & Specialty Pharmacy Services
FAX 540-853-0910	EMAIL pharmacy@carilionclinic.org (for security reasons, this method is only recommended for those using a CarilionClinic.org email address, not outside emails)

FREQUENTLY ASKED QUESTIONS

Can anyone use Carilion Clinic Pharmacy's mail-order service?

No. Currently, mail-order service for 90-day medications is limited to Carilion Clinic employees and their family members enrolled in Carilion's health plan.

How do I use Carilion Clinic Pharmacy's mail-order service?

For new prescriptions, please follow these simple steps:

Step 1: Complete the form on page 1 and 2 of this document. You'll need to complete a separate form for each person who uses our mail-order pharmacy services.

Step 2: Submit the completed form and prescription(s) using the instructions at the bottom of page 2. Do not tape or staple prescription(s) to this form. For existing prescriptions, we'll call your previous pharmacy to have your prescription(s) transferred.

How do I get additional refills through Carilion Clinic Pharmacy's mail-order service?

Once you've received your first 90-day supply, you will be able to complete this re-order form for subsequent refills.

How is confidentiality ensured?

Your privacy is a top priority. Carilion Clinic Pharmacy believes the confidentiality and protection of customer and employee information is one of our fundamental responsibilities.

Is there a charge for postage?

For regular mail delivery, there is no charge for postage. For overnight shipping there is a \$20 fee added to the total cost of the order.

Who can I speak to if I have questions?

Please don't hesitate to contact Carilion Clinic Pharmacy – Crystal Spring at 540-853-0905 or 855-479-6245, Monday through Friday, 8:30 a.m. to 6:00 p.m. and Saturday 9:00 a.m. to 12:30 p.m. and one of our mail-order pharmacy technicians will be happy to assist you.