



**USFHP MAIL ORDER  
PRESCRIPTION ORDER FORM  
Rite Aid Pharmacy, 3100 Wyman Park Drive,  
Baltimore, MD 21211**

This form is to be used for all new and refill prescriptions. When submitting new prescription fills, please mail the completed form and valid prescription copies to the Rite Aid Pharmacy address above.

To request refills, you may submit this form electronically by logging into your HealthLink @ Hopkins account. Attach the completed form to a new message in your Message Center and then send the message to Customer Service. Your request will be forwarded to the Rite Aid Pharmacy for fulfillment.

If you choose to use the mail service, please fill out this form and mail 10 days before your medication will run out. Please call the Rite Aid Wyman Park Pharmacy at (410) 338-3300 if you have not received your prescription within 7 days after mailing this request form.

Refill prescription numbers

1.	_____	2.	_____
3.	_____	4.	_____
5.	_____	6.	_____

**Mail my prescription to: (PLEASE PRINT CLEARLY)**

**Please check method of payment:**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Signature \_\_\_\_\_

Check    Money Order    Master Card  
 Visa    Discover    American Express

Credit Card Information

Card No. \_\_\_\_\_

Exp. Date \_\_\_\_\_

Safety caps are required by law, however you may choose to have easy opening lids. Check this box  IF YOU DO NOT WANT SAFETY LIDS on this prescription.