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**DEPENDENT INFORMATION** (Print additional pages if you have coverage for multiple dependents)

Be sure to complete Member Information section

Dependent Name: \_\_\_\_\_  
First Middle Initial Last

Address: \_\_\_\_\_  
Street (do not use P.O. Box) Suite or Apt # City State Zip

( ) ( )  
Daytime Phone Evening Phone

Date of Birth: / /  
MM DD YYYY

Female:  Male:  Email Address: \_\_\_\_\_  
Optional

Relationship to Cardholder: \_\_\_\_\_

Patient needs snap-on caps  
 Patient needs Spanish vial labels

Allergies:  
 32-Codeine     87-Sulfa     70-Penicillin     93-Tetracycline     No known allergies  
 Other (list): \_\_\_\_\_

Health Conditions:  
 200-Diabetes     300-Hypertension     400-Heart Disease     500-Glaucoma  
 600-Stomach Disorders     700-Thyroid Disease     800-Arthritis     No known health conditions  
 Other (list): \_\_\_\_\_

**CREDIT CARD INFORMATION**

Credit Card Number: \_\_\_\_\_  
(Visa, MasterCard, Discover)

Credit Card Number: \_\_\_\_\_  
(American Express)

Name as it appears on card: \_\_\_\_\_  
First Middle Initial Last

Expiration Date: / / Signature: \_\_\_\_\_  
MM DD YYYY

**It is standard pharmacy practice to substitute generic equivalents for brand-name drugs whenever possible. Walgreens Healthcare Plus will dispense an FDA-approved generic equivalent whenever available, permitted by your prescriber, and allowable by law. If you do not want a generic equivalent, please call Customer Service at 1-800-999-2655 to advise.**

Simply mail your original prescription and this form along with your credit card information or check made payable to:

**Walgreens Healthcare Plus, P.O. Box 628001, Orlando, FL 32862-8001**  
**Customer Service: 1-800-999-2655** (TTY for hearing impaired: 1-800-925-0178)  
**Refills by Phone: 1-800-749-0009** (en español: 1-800-758-0002)  
**Internet: www.walgreensmail.com**