VRx PHARMACY PRESCRIPTION FORM

NOTE! This form must be presented to VRx Pharmacy along with the prescriptions from your doctor.

Member Information

Today's Date

Missionary Name | **Date of Birth**

Street Address | **City, State, Zip**

( ) **Daytime Phone** | ( ) **Cell Phone** | ( ) **Evening Phone**

MTC Entry Date | **MTC Departure Date**

Country of Destination | **Date Leaving the Country**

Member ID | **Group Number**

***Driver's License Number**

Patient Information

Doctor's Name | **Doctor's Telephone Number**

Does patient have any drug allergies ☐ **Yes** ☐ **No known allergies**

If yes, please list:

Billing Information

Credit card (check one): ☐ **Visa** ☐ **MasterCard** ☐ **Discover** ☐ **American Express**

Credit Card Number | **Expiration Date** | **Security Code**

Card Holder's Name | **Billing Zip Code**

Deliver Medications To:

* Federal regulations require pharmacies to obtain driver license information prior to filling controlled substance medications. If you are unsure if the medication you are filling is a controlled substance, please contact VRx Pharmacy @ 888-281-3221.