



PATIENT INFORMATION VOICE-(407) 828-8125  
FAX FORM

**FAX-(407) 828-8027**

**FOR FAXED PRESCRIPTIONS ONLY**

**www.turnerdrug.com**

**THIS FORM IS NOT TO BE USED FOR NON-PRESCRIPTION ORDERS. PLEASE FILL OUT FORM COMPLETELY  
(TO BE FILLED OUT BY PATIENT OR PATIENT'S AGENT ONLY - NOT BY HOTEL STAFF)**

PATIENT NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_  
HOME ADDRESS (NO PO BOX) \_\_\_\_\_  
ADDRESS 2: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP/POSTAL CODE: \_\_\_\_\_  
HOME PHONE: (\_\_\_\_) \_\_\_\_\_ CELL PHONE: (\_\_\_\_) \_\_\_\_\_

PLEASE LIST ALL MEDICATION ALLERGIES AND MEDICAL CONDITIONS	PLEASE LIST ALL CURRENT MEDICATIONS (PRESCRIPTION AND NON-PRESCRIPTION)

*Please note, Turner Drugs does not accept insurance plans. Itemized receipts and NCPDP Universal Claims forms are provided for out-of-network reimbursement. Prescription charges over \$50.00 will not be delivered without prior approval. You will be provided a NOTICE OF PRIVACY PRACTICES form inside your package. Turner Drugs does not share personal health information with any entity except your insurance company if necessary. Your signature below is acceptance of these conditions.*

**SIGNATURE OF PATIENT OF PATIENT'S AGENT (REQUIRED FOR DELIVERY OF PRESCRIPTION MEDICATION)**

SIGNATURE: \_\_\_\_\_

### PAYMENT INFORMATION

*All Walt Disney World hotels & resorts will pay our delivery driver and charge your delivery to your room account. For all other hotels, we require a credit card for payment. You may call us and provide your card number over the phone or fill in the information below. If you would like to pay for prescription medication with an HSA/FSA card, you will need to call us to provide the card number and us to provide the card number and billing information. If you have any please call us at (407) 828-8125.*

TYPE OF CARD (Circle One) VISA MASTERCARD AMERICAN EXPRESS DISCOVER  IS THIS AN HSA/FSA CARD? YES  NO

CARD NUMBER: \_\_\_\_\_ EXP DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ CVV CODE: \_\_\_\_\_  
BILLING ADDRESS: \_\_\_\_\_ NAME ON CARD: \_\_\_\_\_  
ADDRESS 2: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP/POSTAL CODE: \_\_\_\_\_  
BILLING PHONE: (\_\_\_\_) \_\_\_\_\_

### DELIVERY INFORMATION (HOTEL OR RESORT)

HOTEL NAME: \_\_\_\_\_ ROOM NUMBER: \_\_\_\_\_  
NAME ROOM REGISTERED UNDER: \_\_\_\_\_

**ORIGINAL PRESCRIPTION MUST BE KEPT AT FRONT DESK AFTER FAXING.  
DELIVERY DRIVER WILL PICK UP ORIGINAL WHEN MEDICATION IS DELIVERED.**

**SOME MEDICATIONS ARE NOT ABLE TO BE HANDLED VIA FAX. PLEASE BE SURE TO CALL THE PHARMACY  
AFTER FAXING TO VERIFY THAT YOUR PRESCRIPTION IS ABLE TO BE HANDLED VIA THIS PROCEDURE.  
WE WILL ALSO BE ABLE TO VERIFY THE PRICE AND AVAILABILITY OF YOUR MEDICATIONS.  
THANK YOU FOR CHOOSING TURNER DRUGS!!**