



Existing Customer Order Forms

Thank you for choosing Universal Drugstore. If you have ordered prescriptions from us before, please use this form to order your new prescriptions. You do not need to fill our other customer questionnaire or sign another release form to fill a new prescription.

Important: If you do not get a confirmation call from us within 48 hours of sending this fax order please call us at 1.866.456.2456.

Customer Information

Male / Female
 Patient Name _____ Birthdate (MM/DD/YY) ____/____/____

Has anything changed regarding your health or the medications you take?

Shipping Address _____

City _____ State _____ Zip _____

Phone (Home) _____ Phone (Work) _____

Email Address _____

Medications Order Form (Attach additional sheet if required)

Important: Original Prescriptions must accompany this form

Brand Only	Generics Permitted	Requested Medications	Strength	QTY	Price
<input type="radio"/>	<input type="radio"/>				
<input type="radio"/>	<input type="radio"/>				
<input type="radio"/>	<input type="radio"/>				
<input type="radio"/>	<input type="radio"/>				
<input type="radio"/>	<input type="radio"/>				
<input type="radio"/>	<input type="radio"/>				

Promo Code: _____	Please note that we will fill your prescription where applicable in the manufacturer's sealed containers. For example, if your prescription calls for 90 tablets, but the manufacturer supplies bottles of 100, we will fill for 100 tablets.	Shipping	\$7.00
		(Payment in U.S. Funds) Total Enclosed	



Customer's Name (Please Print)

Phone #

Customer's Signature

Date

Attach Your Prescriptions Here

(Please ensure that we can see the entire prescription)

Please use additional pieces of paper if you cannot fit all of your prescriptions in the designated area