New Prescription Order

Below is the new prescription form. Please be sure to send this along with the written prescription from your doctor. You'll need to mail it to us along with a completed print out of this "Patient Enrollment" form.

Mail Address:

PPS-Postal Prescription Services
P.O. Box 2718
Portland, OR 97208-2718

Mail-in Form

STEP 1: Patient Information

Patient Name: _____
First Name Last Name

Sex: ____Male ____Female

Birth Date: _____/____/_____ SSN# _____-____-_____

Drug Allergies: _____None

Codeine ____

Penicillin ____

Aspirin ____

Sulfa ____

Other(s): _____

STEP 2: Shipping/Billing Address Information

Address Line 1: _____

Address Line 2: _____

City/State/Zip: _____

Home Phone Number: (___)_____

Daytime Phone Number: (___)_____

E-mail Address(es): _____

_____

Please include me in future E-mail promotions. _____Yes _____No

STEP 3: Insurance Information

Insurance Company Name: _____

Employer's Name: _____

Insured Name: _____

Insured I.D. Number: _____

STEP 4: Payment Information

Credit Card Information

Payment Type: __Visa ___MasterCard ___American Express ___Discover

Credit Card Number: _____(ie: nnnn-nnnn-nnnn-nnnn)

Expiration Date: _____/_____(ie: MM/YYYY)

Other payment methods

Check Amount $_____ Money Order $_____