

Questions? Call (314) 652-1121 or (866) 516-1121

IV. PHYSICIAN INFORMATION

Physician's Last Name [grid]

Physician's Phone Number [grid]

V. BILLING ADDRESS

Check if Billing Address is the same as your Shipping Address.

Address Line 1 [grid]

Address Line 2 [grid]

City [grid]

State [grid]

Postal Code [grid]

VI. METHOD OF PAYMENT - No Order will be Mailed until Payment has been Received.

Check / Money Order

Amount Enclosed \$ [grid]

Please make checks payable to LDI Pharmacy Services.

Credit / Debit Card

Credit Card [grid]

Expiration Date [grid]

Charge this Order Only / Charge Future Orders

NAME AS IT APPEARS ON CREDIT CARD

AUTHORIZED SIGNATURE

Check by Phone (\$0.50 fee)

Checking Account Number [grid]

Routing Number [grid]

Check Number [grid]

VII. SIGNATURE - Signature is Required to Process Order.

I authorize the release of any medical information required to process this claim(s).

AUTHORIZED SIGNATURE

Date of Signature [grid]

Dispense generics as permitted by law.

I request brand name only.

I request Non-Child Resistant Caps on all medications.

COMMENTS OR SPECIAL INSTRUCTIONS

[Horizontal lines for comments]

PHARMACY CONSULTATION

Please check here if you have questions regarding your medication and would like a pharmacist to contact you.

Mail Completed Order form, Original Prescriptions and Payment to: LDI Integrated Pharmacy Services, 680 Craig Rd., Ste. 200 Creve Coeur, MO 63141