



# Customer New Prescription Request

Postal Prescription Services  
PO Box 2718  
Portland, OR 97208-2718  
Telephone: 800-552-6694  
[www.ppsrx.com](http://www.ppsrx.com)

## Patient Information

Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_  Male  Female

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Patient's Preferred Phone: \_\_\_\_\_ SHP Member ID #: \_\_\_\_\_

Allergy Information: \_\_\_\_\_ Health Conditions: \_\_\_\_\_

## Prescription Information

New prescription(s) enclosed

Transfer prescriptions from another pharmacy

Contact doctor for new prescription(s)

Prescription No.	Name of Medication	Strength	Pharmacy Name & Phone	Doctor Name & Phone

## Method of Payment

Check  Credit Card  Money Order

\_\_\_\_\_  
Name as it Appears on Card

\_\_\_\_\_  
Credit Card Number

\_\_\_\_\_  
Exp Date (MM/YY)

Mail completed form and new prescription(s) to address on top of form. You should receive your order back in 7-10 calendar days. PPS will contact you at your preferred phone number if there is an issue in filling your prescription(s). PPS will notify you automatically when your order ships by email, text, or phone. Please select your preferred notification method by checking the appropriate box and providing the needed information.

Email:  Text:  Phone:

**Thank you. We appreciate your business!**