

Kelley-Ross Pharmacy Group – Union Center

PATIENT NAME		PATIENT ID #		PATIENT DATE OF BIRTH	
SHIPPING ADDRESS <input type="checkbox"/> NEW ADDRESS		EMAIL ADDRESS			
CITY, STATE, ZIP CODE		DAYTIME PHONE			
LIST ANY CHRONIC MEDICAL CONDITIONS		LIST ANY DRUG ALLERGIES		EVENING PHONE	
				CREDIT CARD NO. EXP. DATE	
				TRANSFER PHARMACY NAME & PHONE (IF APPLICABLE)	

ARE YOU A RESIDENT OF A SKILLED NURSING FACILITY? (PLEASE CHECK ONE) YES NO

RX NUMBER	NAME OF DRUG	STRENGTH	GENERIC OK?	QUANTITY	DAYS SUPPLY	PRESCRIBING PRACTITIONER

I CERTIFY THE INFORMATION GIVEN HERE IS CORRECT AND AUTHORIZE MY PHARMACY TO FILL THE ENCLOSED AND/OR LISTED PRESCRIPTIONS.

PATIENT'S SIGNATURE _____	DATE _____	CHILD RESISTANT CAP? <input type="checkbox"/> YES PLEASE INITIAL <input type="checkbox"/> NO
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2324 Eastlake Ave. E., #405, Seattle, WA 98102
P: 206.441.9174 F: 206.448.4406
Kelley-Ross.com

Union Center Prescription Order Form

1. Complete a separate form for each patient for whom you are ordering.
2. For NEW prescriptions, complete all information except the RX number section.
3. Enclose written prescription(s) and this form in an envelope and mail directly to:
Union Center Pharmacy
2324 Eastlake Ave. E., Suite 405
Seattle, WA, 98102
4. For transfer prescriptions from other pharmacies, please fill out the transfer pharmacy name and phone number so we can contact them for the prescription you need.
5. For refill prescription, complete all information. Refills may be ordered:
 - Online at www.kelley-ross.com/union-center
 - VIA phone 206-441-9174 or 1-800-441-9174
6. If you have questions regarding how your drugs are priced, please consult your formulary, or call us here at Union Center Pharmacy.
*Non formulary drugs are not covered and will be charged out at the usual and customary price.
7. If you are updating your address, phone number, medication allergy, medical condition or any other information, please circle the information to indicate a change.
8. Please indicate on your order form if you wish us to contact your provider to request a change in any of your medications to a preferred brand or generic alternative.
9. Due to the potential need to request refill authorization, or formulary changes, please allow 10-14 days for delivery.