KAISER PERMANENTE®

Mail-Order Pharmacy

Send a new prescription

It's easy. Just complete this form, attach the original prescription(s), and mail it to us at the address shown below.

Patient name:	Daytime phone number:
8-digit ID from member card: ☐☐☐☐☐☐☐☐	Is it OK to leave a detailed message? YES ☐ NO ☐
Current pharmacy name:	Current pharmacy phone number:
Personal (primary care) doctor's name:	Doctor's phone number:
Prescriber (if other than personal doctor):	Prescriber's phone number:

☐ **Order now** – Check this box and give us the information requested below. Your order should arrive within seven business days. You will be billed separately. *In order to protect your security, please do not send bank card information with your order.*

Shipping information:

Name:		
Address:		Apt:
City:	State:	ZIP code:

☐ **Order later** – Check this box and we'll set up our system so you can order online through kp.org/wa.*
Or use our automated telephone system at 1-800-245-7979.

*ID verification required to use enhanced services on the member website.

Additional instructions for the pharmacy:

Please mail this form and ORIGINAL prescription to:

Kaiser Foundation Health Plan of Washington
Mail Order Pharmacy
P.O. Box 34383
Seattle, WA 98124-1383