



## Prescription History Request Mail Order

Complete this form to request your mail order prescription history. If you are the patient's Personal Representative (an individual with legal authority to make mail order decisions on the patient's behalf), WellDyneRx must have the necessary document on file showing this authority or it must be included with this form. A separate request form is required for each patient. For a retail prescription history, please visit your retail pharmacy.

### PATIENT INFORMATION

Last Name	First Name	Middle	Date of Birth	
Street Address		City	State	Zip Code
Phone Number	Member Number (see ID card)	Group Number (see ID card)		

### PRESCRIPTION HISTORY DATES

From:     /    /                          To:     /    /      
(mm / dd / year)                              (mm / dd / year)

### AUTHORIZATION

**Check one:**

Fax my information to the following private fax number: \_\_\_\_\_

Mail my information to:

Last Name	First Name		
Street Address	City	State	Zip Code

**I authorize the disclosure of my health information, as indicated above.**

I understand that this health information may include HIV-related information and/or information relating to substance abuse treatment and/or mental health diagnoses and treatment. By signing this form, I authorize that such information to be disclosed.

This information is being disclosed at my request for my own purposes. I understand that I may revoke this Authorization in writing at any time, except to the extent that WellDyneRx has already taken action in reliance on this Authorization. I understand that I am not required to sign this Authorization as a condition of treatment, payment, enrollment, or eligibility for benefits.

**By signing below, I acknowledge that I have read and understand this Request Form.**

Signature of Patient or Patient's Personal Representative	Date
Printed Name of Personal Representative	Relation to Patient

Please return the completed form by mail or fax to:  
WellDyneRx, P.O. Box 90369, Lakeland, FL 33804-0369  
Fax: 1-863-686-5072