

Payment method

- □ CREDIT CARD ON FILE
- NEW CREDIT CARD
 - □ Visa® □ MasterCard □ Discover

Credit Card Number Exp. Date

Signature Date

Choose shipping method

Our average prescription processing time is 1 to 4 days.

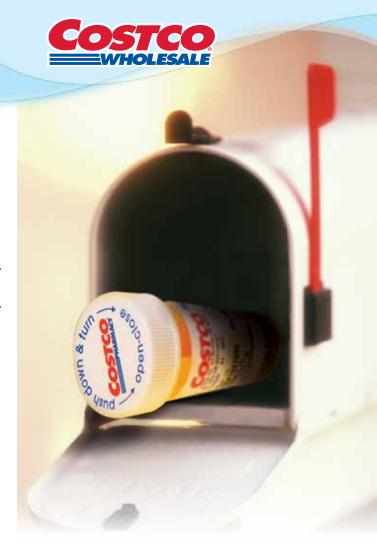
- Standard Shipping (USPS) FREE
 Average processing and delivery time: 6 to 14 business days.
- □ 3-Day Shipping (UPS)* \$10.95

 Average processing and delivery time: 3 to 6 business days.
- □ 2-Day Shipping (UPS)* \$13.95

 Average processing and delivery time: 2 to 5 business days.

Thank you for using Costco for all your pharmacy needs.

Questions? Call 1-800-607-6861.



From our pharmacy to you

Home Delivery

Prescription Refills

^{*}UPS will not deliver on weekends and cannot ship to P.O. Boxes.



Receive your refills as soon as possible using one of the ordering methods below:

1 REORDER BY PHONE.

Call 1-800-607-6861 and select option 1. Use your prescription number(s) with our automated refill line 24/7 to have your order started now.

2 REORDER ONLINE.

Visit **pharmacy.costco.com**. Once you've signed in and completed a patient profile, you can: Select shipping method, view your account online or track your order. To use this service, you must provide your email address. Questions? Call 1-800-607-6861.

- Save a stamp.
- Reduce processing time.
- Get your refill prescriptions up to three days faster.



3 OR, CONTINUE TO REORDER BY MAIL.

Detach and use this form and the enclosed envelope to send us your prescriptions and payment. Please attach an additional sheet if space does not allow.

PLEASE NOTE: Prescriptions will be delivered within the time frame of the selected shipping method once we receive this form.

MAIL FORM TO: 802 134th St. SW, Suite 140 Everett, WA 98204-9935

$\hfill \square$ Please check here if your patient information has changed.			
Patient Name			
Date of Birth	Phone Num	Phone Number (With area code)	
Shipping Address			
Shipping Address			
City	State	ZIP	
RX Number to Refill			
(Attach additional RX num	bers if you have multip	ole refills.)	
New RX Drug Name			



(Please be sure to include your prescription.)

See reverse to expedite your order.

