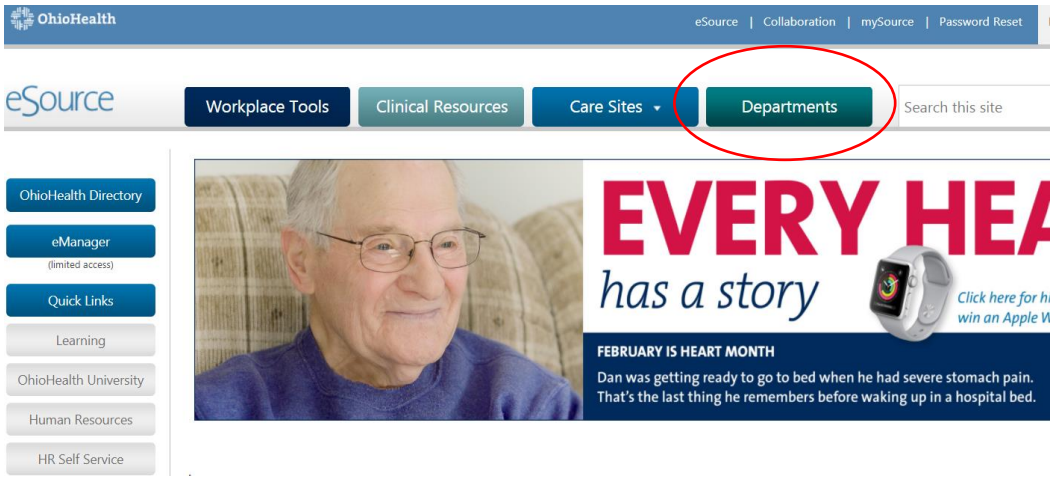
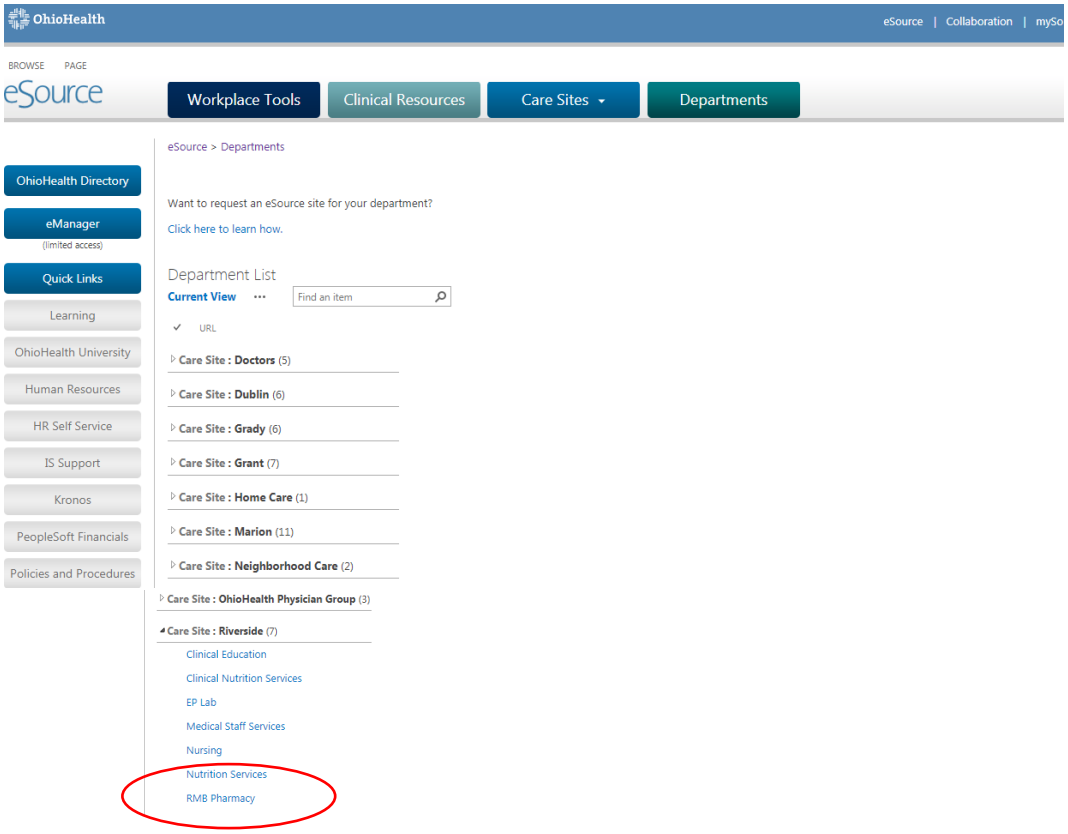
How to fill a new prescription through Riverside Medical Building (RMB) Pharmacy home delivery

1. Visit eSource and search **RMB Pharmacy Mail Order Form**; click form to open, or
2. Select **Departments.**



3. Select **Riverside** and then **RMB Pharmacy.**



4. Select **RMB Pharmacy Mail Order Registration Form.**

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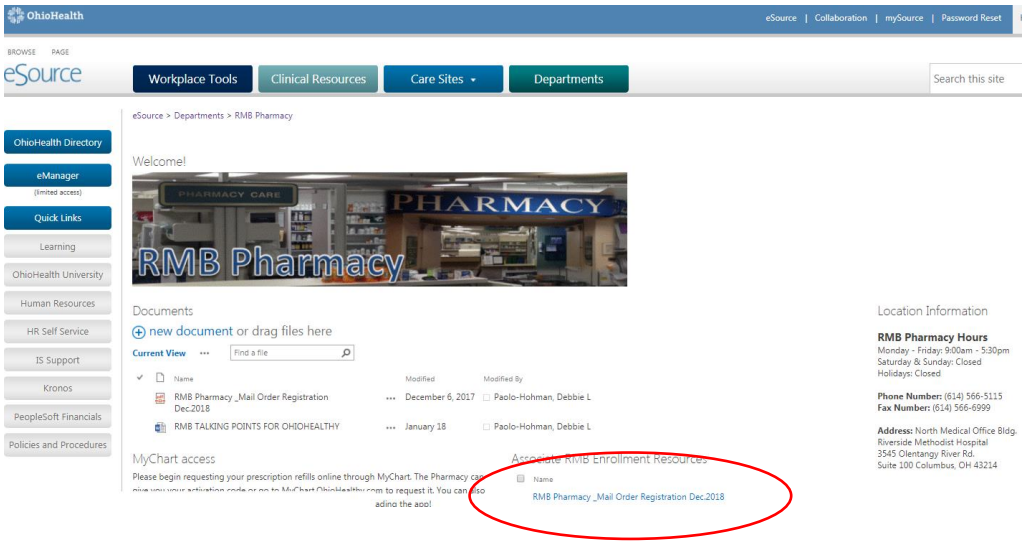

5. Complete and return the form. You can mail, fax or take it in to the RMB Pharmacy.

ASSOCIATE MAIL ORDER DELIVERY PROGRAM

RMB Pharmacy Mail Order Registration Form

(Please fill out **all** sections of the form. Failure to do so will delay processing)

PLEASE ALLOW 14 DAYS FOR DELIVERY OF YOUR MEDICATION AND PLAN ACCORDINGLY

PATIENT INFORMATION

MEMBER NAME: _____
(Last) (First) (Middle)

MEMBER ID: _____ GENDER: ❑ Male ❑ Female DATE OF BIRTH: _____/_____/_____

STREET: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME: (_____) _____ CELL: (_____) _____ WORK: (_____) _____

ALLERGIES: ❑ None Known ❑ Penicillin ❑ Codeine ❑ Sulfa ❑ Others: _____

OhioHealthy INSURANCE INFORMATION

Family members also covered: (Payment information below will apply for all members listed)

Name: _____ DOB: _____/ _____/ _____ Person Code: _____

Allergies: _____

Your provider can request a 90-day prescription by phone or ePrescribe to the RMB Pharmacy. You still need to complete the Associate Mail Order Delivery Program form.