

E Health

Phone: 1-866-585-6337
Fax: 1-855-716-9505
Email: jjarvis@ecprx.com

Please use this form to submit your prescription(s), and send it back to us to complete your order.

Full Name _____
() _____
Phone Number _____ Order Number (if available) _____

Option 1: Contact My Doctor *

Physician's Name _____
Clinic Name _____
Street Address _____
City _____ State/Province _____ Country _____ Zip/Postal Code _____
() _____ () _____
Phone Number _____ Ext. _____ Fax Number _____

Option 2: Transfer From Another Pharmacy *

Pharmacy Name _____
Street Address _____
City _____ State/Province _____ Country _____ Zip/Postal Code _____
() _____ () _____
Phone Number _____ Ext. _____ Fax Number _____

Please list the medications you would like us to call your doctor for, or to transfer from another pharmacy.

Drug Name	Strength	Directions	Rx Number

* Contacting your doctor, and transferring from another pharmacy is only available to residents of the United States and Canada

Option 3: Mail Your Prescription

Please mail your prescription and this form using the enclosed prepaid envelope to:

E Health
Universal Fulfillment PO Box 658 Moorhead, MN 56561-0658 USA