



# Pharmacy-Online

Phone: 1-866-266-9955  
Fax: 1-855-716-9505  
Email: weborders@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:

Pharmacy-Online  
Universal Fulfillment PO Box 658 Moorhead, MN 56561-0658 USA