

*A mail order prescription service for qualified CHAMPVA and Spina Bifida beneficiaries*

**A Patient Profile Form must be completed for each beneficiary**

Patient's Name	<input type="text"/>	Date of Birth (mm/dd/yyyy)	<input type="text"/>
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Social Security Number	<input type="text"/>	Sex: Male <input type="checkbox"/>	Female <input type="checkbox"/>
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Allergies		Health Conditions	
<input type="checkbox"/> None	<input type="checkbox"/> Codeine	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Intestinal
<input type="checkbox"/> Ampicillin	<input type="checkbox"/> Erythromycin	<input type="checkbox"/> Glaucoma	<input type="checkbox"/> Lung
<input type="checkbox"/> Aspirin	<input type="checkbox"/> Penicillin	<input type="checkbox"/> Heart	<input type="checkbox"/> Thyroid
<input type="checkbox"/> Cephalosporins	<input type="checkbox"/> Sulfa	<input type="checkbox"/> High Blood Pressure	
<input type="checkbox"/> Other (specify) <input type="text"/>		<input type="checkbox"/> Other (specify) <input type="text"/>	

Signature (type in if electronic)	<input type="text"/>
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Relationship to the Beneficiary	<input type="text"/>	Date	<input type="text"/>
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**Please complete the information above and return this form to the appropriate address with your first order (see the state/district/territory list below).**

A profile is needed for each Meds by Mail beneficiary. Remember to report changes to your patient profile information to your appropriate Pharmacy Servicing Center right away.

## WEST

If you live in one of the following states please mail your order form to the address listed below:

Alaska, Arizona, Arkansas, California, Colorado, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Louisiana, Michigan, Minnesota, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wisconsin, Wyoming.

## EAST

If you live in one of the following districts, states or territories please mail your order form to the address listed below:

Alabama, Connecticut, Delaware, Florida, Georgia, Kentucky, Maine, Maryland, Massachusetts, Mississippi, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Puerto Rico, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, Washington D.C., West Virginia.

Meds by Mail  
PO Box 20330  
Cheyenne, Wyoming 82003-7008

Meds by Mail  
VISN7/Dublin  
PO Box 9000  
Dublin, Georgia 31040-9000