

HomeStar Prescription Mail Order Form

If you have any questions concerning HomeStar Mail Order services, please call (610) 628-8900 or Toll Free at 1-855-649-MEDS
Please complete and mail or fax to: HomeStar Mail Order Pharmacy, 1736 Hamilton Street, Allentown, PA 18104 | Fax: 610-628-8901

Patient Name		Patient Date of Birth	
Shipping Address			
Home Phone Number		Cell Phone Number	
Cardholder ID	Group	PCN	BIN
Drug Allergies		Health Conditions	
Refill Numbers Needed			

Number of New Prescriptions Enclosed _____			
Would you like these scripts: <input type="checkbox"/> Filled immediately <input type="checkbox"/> Filled at a later date <input type="checkbox"/> Other (see notes below)			

BILLING INFORMATION

Billing Address (If different from above) _____

Payment Method (Select One)

Payroll Deduction — Employee Name _____

Credit Card (Circle One) Visa MasterCard Discover

Card Number _____ CCV# _____ Expiration _____

Signature _____

NOTES TO PHARMACY