

HomeStar Mail Order Pharmacy

If you have any questions concerning HomeStar Mail Order services, please call (610) 628-8900 or Toll Free at 1-855-649-MEDS

Patient Name		Patient Date of Birth	
Shipping Address			
Home Phone No.		Cell Phone No.	
PTRX Cardholder Id No.			
Drug Allergies			
Refill Numbers Needed			

Number of New Rx's 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 Address (If different from above)			
Payment Method			
<input type="checkbox"/> Payroll Deduction - Badge Number: _____ (5 digit # after the * on your Badge)			
<input type="checkbox"/> Credit Card - (Circle One) Visa MasterCard Discover			
Card Number _____ Ccv# _____ Exp _____			
Signature _____			
Notes to Pharmacy:			

Please complete form and forward to:

HomeStar Mail Order Pharmacy, 1736 Hamilton Street, Allentown, PA 18104
Fax: 610-628-8901

