

Billing and Shipping Information

Please bill my credit card

- American Express®
 Costco Credit Card
 Visa
 MasterCard
Credit Card Number _____

Expiration Date _____

Cardholder Signature _____

Check Enclosed

Please make checks payable to **Costco Wholesale**

Amount of payment enclosed: \$ _____

Please ship my order to

Name _____
Address _____
City _____
State _____
Phone Number _____

Three Easy Ways to Refill Your Prescriptions

1 Visit us on the Internet. Click on costco.com, then on **Pharmacy**, then on **Fill Prescriptions** to place your order.

Ordering online allows you to get e-mail refill reminders.

Once you set up your online account and subscribe to our reminder e-mails, you'll never have to worry about running out of your prescription drugs!

Use **Quickfill** to reorder quickly and check out in one visit.

Your prescription(s) will arrive in six to 11 business days.

2 Refill your prescription(s) on the Internet or by phone. Simply call toll free 1-800-607-6861. Your prescription(s) will arrive in six to 11 business days.

3 Mail in your refill request in the enclosed order form. Your prescription(s) will arrive in nine to 14 business days.



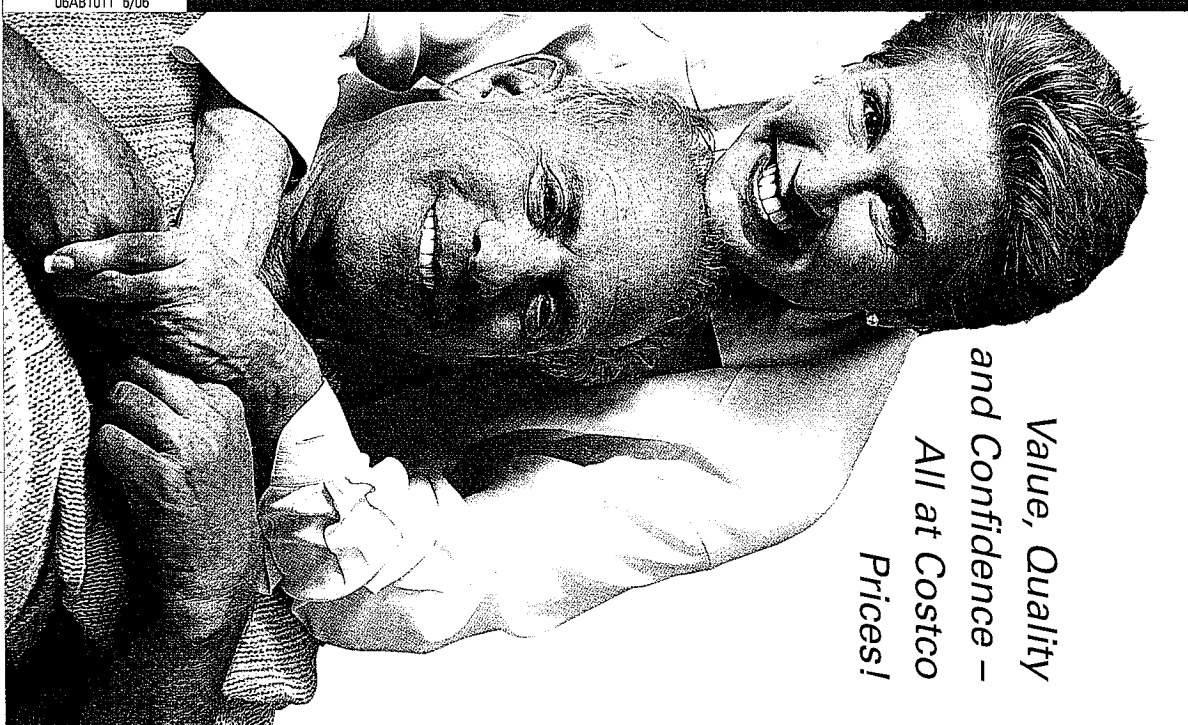
Costco Pharmacy Benefit Partnership

RELIABLE. LOW-COST PHARMACY BENEFITS AT COSTCO VALUE

Mail Order

PRESCRIPTION SERVICES

*Value, Quality
and Confidence –
All at Costco
Prices!*



COSTCO
PHARMACY

Benefit Partnership
RELIABLE. LOW-COST PHARMACY BENEFITS AT COSTCO VALUE

COSTCO
PHARMACY

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Delivery to Your Front Door

Prescription medications delivered to your home or workplace by Costco Pharmacy's Mail Order and Internet Prescription Services program.

Not yet a Costco member? Non-members are welcome to order prescriptions from Costco. However, if you join today you won't miss out on the additional savings Costco has to offer!

If you are a new patient or want to order a new prescription, just follow these steps:

- Fill out the form to the right or online at costco.com.
- Insert written prescriptions.
- Use the postage-paid return envelope, or mail to:
Costco Pharmacy
802 134th Street SW
Building C, Suite 140
Everett, WA 98204

Questions?

Visit costco.com and click on Pharmacy or call us toll free at 1-800-607-6861.

PATIENT PROFILE FORM

Please complete the form, sign and return.

Patient Information _____

Patient Name _____ Costco Membership Number _____
Date of Birth _____ Sex M F
Phone Number _____ E-Mail (optional) _____

Insurance Information _____

Insurance Provider Name _____ Envision/RX Options, Inc. BIN: 009893 PCN: ROIRX
Provider Phone Number _____
Cardholder Name _____
Cardholder ID Number (often SS#) _____
Group Number/Name _____

Health Profile Information _____

Medical Conditions or Illnesses _____
Current Medications _____ Childproof Caps Yes No
Drug Allergies: No Known Allergies Erythromycin Penicillin Codeine
 Aspirin Sulfas Other _____
Disease States: Diabetes Thyroid High Blood Pressure Asthma
 Glaucoma Epilepsy Other _____

Prescription Order Information _____

If your prescriber has allowed, a generic equivalent will be dispensed. Check this box if you do not want a generic equivalent.
Primary Doctor's Name and Phone Number _____
Drug Name _____ Strength _____ Quantity to Ship _____
Drug Name _____ Strength _____ Quantity to Ship _____
Drug Name _____ Strength _____ Quantity to Ship _____

Signature _____

I represent that the information on this form is correct, and authorize release of all information regarding my or my family's medical and prescription drug history and treatment to fulfillment partners and to the Costco Pharmacy. If ordering by mail or telephone, I understand that my prescription medicine order(s) will be fulfilled and shipped upon receipt of my complete order form and prescription(s).

Signature _____

Date _____

Costco Pharmacy provides refill and renewal reminders to our customers via e-mail when orders are placed online. Do you wish to receive e-mail refill reminders? Yes No

PATIENT PRESCRIPTION REQUEST FORM

DEAR MEMBER:

CARDHOLDER ID NUMBER: _____
 (Located on NEW Member Prescription ID Card)

Welcome to the Envision Prescription Mail Service Program! We offer you a cost effective and convenient way of obtaining your maintenance medications. To enroll in the program and place your initial order, you must complete the enclosed Costco Patient Profile Form, include your original written prescription(s) and return all to Costco Mail Order in the envelope that is enclosed. If you have refills remaining, please provide the prescription information below and send to Costco Mail Order along with your Costco Patient Profile Form. In the event Costco is unable to obtain a prescription from your physician in a timely manner, we will notify you immediately.

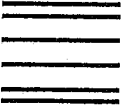
PATIENT NAME	MEDICATION NAME	MEDICATION STRENGTH	MEDICATION DIRECTIONS OFF RX LABEL	PHYSICIAN'S NAME	PHYSICIAN'S PHONE & FAX NUMBER	FILL RX NOW? YES or NO
Example: Joe Smith	Lipitor	20mg	Take 1 every Day	Dr. Tom Jones	P: 555-123-4567 Fax: 555-987-6543	Yes

When authorization by your physician and permitted by you, Costco will dispense a generic drug when available. If you **DO NOT** wish Costco to substitute a generic product for any of your medications, please initial below.

_____ If I elect to receive **BRAND DRUGS**, I may be responsible for any additional cost.

**PLEASE FAX OR MAIL THIS FORM WITH
 THE COSTCO PATIENT PROFILE TO:
 FAX # 1-800-633-0334**

Cardholder Name – Printed _____
 Cardholder Signature _____ Date _____
 Daytime Phone Number _____
 PPRF061506



BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 813 SEATTLE WA

POSTAGE WILL BE PAID BY ADDRESSEE

COSTCO PHARMACY
802 134TH ST SW STE 140
EVERETT WA 98204-9935

