

Home Delivery Order Form

with

Liberty Mail Meds

Mail to Us
Liberty Mail Meds
 8397 Northcliffe Blvd
 Spring Hill, FL 34606

THIS FORM ONLY NEEDS TO BE FILLED OUT WITH YOUR ORIGINAL ORDER

1. Get Prices

Call for a price quote on your medications and then fill out the form below.

2. Place Your Order

Send the completed form to us along with a copy of your prescriptions.

3. Receive Your Order

Medications will arrive at your door within 7—10 days

Call Us Toll-Free 1-800-655-8185

Fax Us Toll-Free 1-877-515-5552

Ask about Diabetic Supplies, Alternative Health Products, and Pet Medications

Member's Information: Today's Date: _____

Liberty ID#: _____

Patient Name _____

Address _____

Apt # _____ Phone _____

City _____

State _____ Zip Code _____

Ship to: (If Different)

Liberty ID#: _____

Patient Name _____

Address _____

Apt # _____ Phone _____

City _____

State _____ Zip Code _____

Date of Birth _____

Height _____ Weight _____

Physicians Name _____

Phone # _____

Drug Allergies (If any) _____

Drug Name (Indicate if generics are acceptable)	Generics Yes / No	Dosage Mg / Ml	Qty	Price

Payment Method: Visa _____ MC _____

Exp. Date ____/____/____ CVV2# _____

Card # ____/____/____/____

Cardholder Printed Name _____

Cardholder Signature _____

Today's Date _____

Subtotal
Shipping
Total

