



Contact Lenses Fax Order Form
Fax Number 1-866-312-0860

Patient Information

Name _____
Address * _____
City _____ State _____ Zip _____
Date of birth (required) ___ / ___ / ___ Phone number () _____
Email Address (for status updates and tracking) _____

Prescription Information

Prescriber name _____ Store Name _____
Address _____
City _____ State _____ Zip _____
Phone number () _____ Fax number () _____

Please fill in the appropriate information, or attach your prescription here

	Lens Name/ Brand	Qty (# of boxes)	Power/ Sphere (+ or -)	Base Curve (BC)	Diameter (DIA)	Cylinder (toric lenses)	Axis (toric lenses)	Tint/Color (colored lenses only)	ADD (multifocal lenses only)
OD (right eye)									
OS (left eye)									

Visit Walgreens.com/rebates for available rebates

Free Standard Shipping \$19.95 overnight shipping

Promo Code (if any) _____

Walgreens will verify all orders without a prescription attached. Please allow 1-3 business days for verification.

Billing Information

Credit Card Number _____ Exp. Date ___ / ___

If billing information is different than the patient information above, please provide it here:

Name _____
Billing Address _____
City _____ State _____ Zip _____

Walgreens.com
8350 South River Parkway
Tempe, AZ 85284-2516
1-866-817-1631

*Contact lens orders cannot be shipped to any of the following American territories: Puerto Rico, the Virgin Islands, Guam, American Samoa, the Northern Mariana Islands or the Marshall Islands