Home Delivery from MIT Pharmacy

MIT Medical

To make refills easier, MIT Pharmacy offers a prescription home delivery service.

1. Fill out the order blank completely. If using more than one order blank, fill out the information on each sheet.

2. Return the completed form with your check, money order, or credit card information to the Pharmacy. Do not send cash. Return it via interdepartmental mail, the Lincoln shuttle, the U.S. Postal Service or in person. If paying by credit card, you can fax the form to 617-258-9360.

3. If your shipping address is *outside* Massachusetts, or if you are unsure of the price or availability of your refills, please call the MIT Pharmacy at 617-253-1324 during business hours (Monday thru Thursday 8:30am-7pm, and Friday 8:30am-5pm) before completing the form.

4. Plan carefully so you do not run out of medication. Your prescriptions will be delivered to you by UPS within 7 days. Someone must be present at the given address—*a signature will be required and UPS will seek that from whomever is available (neighbor or office worker).*

If you are willing to assume responsibility in case the package becomes lost, you can waive the signature requirement by checking the "waive signature" box.

5. Some medications will not be mailed. These include certain controlled drugs, those requiring refrigeration or special storage, injectables or other products the pharmacists feel would be damaged in the mailing process.

❶ Patient name etc. (use new form for each patient)

Today's date _____ (allow 7 days for delivery)

Patient _____

ID number _____

Address _____

_____

_____

_____

Day phone ( ) _____

❷ List your refill(s) and their prices

Drug name/
Rx number _____ price _____

Drug name/
Rx number _____ price _____

Drug name/
Rx number _____ price _____

Drug name/
Rx number _____ price _____

Drug name/
Rx number _____ price _____

Drug name/
Rx number _____ price _____

Shipping ($7 per order within Mass.; outside Mass., call for price) _____

Total $ _____

❒ waive delivery signature

Method of payment:

❒ Check or money order enclosed, payable to MIT Pharmacy

❒ Mastercard ❒ Visa

_____ / _____
card number expiration date

signature _____

Mail order including payment to

MIT Pharmacy
77 Mass. Ave., E23-101
Cambridge, MA 02139-4307

If using credit card, you can fax your order to 617/ 258-9360