

# Home Delivery from MIT Pharmacy



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 or money order. 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, call the pharmacy at 617-253-1324 to give us your card number.
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-5:30pm) 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 approximately 7 days. Someone must be present at the given address—*a signature will be required and UPS will seek that from whoever is available (neighbor or office worker). If not, you will need to pick up your package at the location designated by the UPS delivery person.*
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 inappropriate to mail.

## Patient Information

(use a new form for each patient)

Today's date \_\_\_\_\_  
Patient \_\_\_\_\_  
ID Number \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Day phone (      ) \_\_\_\_\_

## 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 (\$10 per order within Mass.; for outside Mass.  
or for expedited delivery, call for price) \_\_\_\_\_

**Total \$** \_\_\_\_\_

## Method of payment:

- Check or money order enclosed, payable to MIT Pharmacy  
 Visa or Mastercard (please call the pharmacy with card information)

## Mail order and payment to (do not mail cash):

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

To contact MIT Pharmacy please call **(617) 253-1324**

## Pharmacy hours:

Monday-Friday, 8 a.m.–5 p.m.  
Saturday, 10 a.m.–4 p.m.

**medical.mit.edu**