



Outside the U.S.



Administered by Seven Corners, Inc.
P.O. Box 21185
Eagan, MN 55121
Toll Free: 1-800-461-0430
Fax: 317-575-6467

FOR OFFICE USE ONLY AUTH#:

Mail Order Prescription Form

This service is provided by Seven Corners to provide prompt delivery of required prescription medications for USDOS Exchange Participants outside of the U.S., with no "up front" payment by the Exchange Participant for qualifying prescriptions.

To receive your prescription medication in the mail:

- **The Prescription must be a covered drug as defined by the USDOS Health Care Program.**
- Your order must be at least a three (3) month supply in order to qualify for the Direct Mail Prescription Service for Exchange Participants **outside of the U.S.**
- Complete the requested information below each time prescriptions are to be filled.
- Prescriptions must be **valid and written by a licensed U.S. Physician.**
- Place your prescription or refill request along with this completed form in an envelope and mail to: Seven Corners P.O. Box 21185 Eagan, MN 55121; OR
- You may fax this form to 317-575-6467; however, **PLEASE NOTE** - in order for us to accept a faxed prescription, the prescription must be faxed with a cover sheet directly from the physician's office.
- **Prescriptions faxed by Participants are not valid and will not be accepted.**
- Be sure to provide your ID number, phone number and email address.
- Provide your doctor's name and phone number, and if available fax number, for each prescription included with the order form.
- Eligible prescriptions will be filled and shipped to the mailing address provided on this form.

Exchange Participant's Name		Gender	Exchange Participant's ID Number	
Exchange Participant's Phone Number	Birthdate	Exchange Participant's Email		Eligibility Start & End Dates
Complete address where medication is to be mailed				

PRESCRIPTION DRUG NAME	QTY	REFILL (Y/N)	DOCTOR'S NAME & PHONE NO.

I certify that the information on this form is correct.

Exchange Participant's Name (please print) _____ Exchange Participant's Signature _____ Date _____

FOR HELP WITH PLACING YOUR ORDER

Call: 1-800-461-0430 or 317-818-2867

Email: usdosinfo@sevencorners.com