



Mail Order Prescription Service

- 📌 Quick and convenient mail order prescriptions shipped directly to your home or other preferred address
- 📌 Automatic refills available
- 📌 Fill up to a 100-day supplies of most maintenance medications

Specialty Prescription Service

- 📌 Quick and convenient shipping available
- 📌 All specialty medications are limited to a 30-day supply

All mail order and specialty medications must be filled at:

WellSpan Pharmacy – Fairfield

4910B Fairfield Rd.

Fairfield, PA 17320

Phone: 1-855-339-2305

Fax: (717) 642-6691

📌 Interested?

- Fill out the Mail Order/Specialty Medication Request Form
- Call your doctor and request a new prescription be sent to WellSpan Pharmacy—Fairfield
 - Mail order: 100-day supply
 - Specialty medication: 30-day supply



Mail Order / Specialty Medication Request Form

Patient Information

Last Name: _____

First Name: _____

Date of Birth: _____

Address: _____

Phone: _____

Member ID # _____

Person Code: _____

Allergies: _____

Credit Card:

__ Visa __ Mastercard __ Discover

Card #: _____

Expiration Date: ____/____ CVV Code: _____

Prescriber Information

Name: _____

Address: _____

Phone: _____

Fax: _____

*Please have your prescriber send prescriptions
to WellSpan Pharmacy in Fairfield PA:*

WellSpan Pharmacy – Fairfield

4910B Fairfield Rd.

Fairfield, PA 17320

Phone: 1-855-339-2305

Fax: (717) 642-6691

Electronic prescriptions accepted

Special Requests

I would like to have non-child resistant caps

Refill options (please select one, auto refill does not apply to specialty medications):

Auto Refill Any medications due for refill will be automatically filled, charged and sent to your home (note: this will include **all** prescriptions due for refill).

Email Notification You will be notified via email of medications due for refill. Medications will be sent out only with your permission.

Preferred email address: _____

Phone Notification You will be notified via phone of medications due for refill. Medications will be sent out only with your permission.

Preferred phone number: _____

Options to return completed form:

Mail: WellSpan Pharmacy
4910B Fairfield Rd
Fairfield, PA 17320

Email: FairfieldPharmacy@wellspan.org

Fax: 717-642-6691