## **Over-the-Counter Order Form**









	mperial Senio	or Value (HMO C-SNP) 0	005: \$120 allowance every qua	ırter				
I	mperial Tradi	tional (HMO) 007: \$120	allowance every quarter					
I	mperial Tradi	tional Plus (HMO) 009:	\$120 allowance every quarter					
I	mperial Dual	Plan (HMO D-SNP) 011:	: \$120 allowance every quarter	•				
□ I	Imperial Dynamic Plan (HMO) 012: \$120 allowance every quarter							
	_		tems you wish to order.					
Member Name			Member ID#			Date of	Date of Birth	
Shipping Address			City	State	State		Zip Code	
		Circle one; can be up to May Jun Jul Aug Sep	two months in advance) Oct Nov Dec					
Signature			Date	Phone	none			
	SKU		Product Name		Price	Quantity	Total Price	
Example: 3139002 Tylenol Extra Strength 500		00mg Caplets 24ct	Ş	66.16	2	\$12.32		
					Order Total			