Mail order Pharmacy Application

Pequot Pharmaceutical Network (PRxNÒ)

Note: A separate application form must be submitted for each patient. Proof of tribal citizenship is required for eligibility. Please complete the information below, attach a copy of the patient's Certified Degree of Indian Blood (CDIB) card, and return to:

Cherokee Nation Health Services Attn: Mail Order Pharmacy P.O. Box 1128 Tahlequah, OK 74465

Patient Information:

Name:					
Last		First			Middle Initial
Date of Birth:			Gender:		
	Month	Day	Year		(Male or Female)
Social Security	y Number:				
Mailing Addr	ess:				
	(Street,	Route or Post C	Office Box)		
	City			State	Zip
Phone Numbe	er:				
	Sig	nature:			
					(Tribal Member or Legal Guardian