

Northern Light Specialty Pharmacy

Date: To: From: RE: Mail Order Prescription	Northern Pharmacy State Street 210 State Street Bangor, ME 04401 207.947.8369 fax 207.947.0894
We are required to confirm that you will be available to receive medications that are mailed before we mail your prescription. If you would like to receive your medication in	Northern Pharmacy Riverside 417 State Street Bangor, ME 04401 207.973.8888 fax 207.973.8891
the mail but prefer to opt out of these phone calls, please provide us with the following information in order for us to facilitate providing you with this service (excluding refrigerated items).	Northern Pharmacy Westgate 915 Union Street, Suite 7 Bangor, ME 04401 207.973.6788
I authorize Northern Light Pharmacy to mail my prescription to my home address and will notify them immediately of any changes in physical address. I opt out of receiving phone notifications prior to my medication being mailed: Address on record:	Northern Pharmacy Whiting Hill 33 Whiting Hill Road Brewer, ME 04412 207.973.9444 fax 207.973.9441
A signature of delivery receipt is required by a member of your household in order for your medication(s) to be left at your residence. If no signature is obtained then the prescription(s) will be returned to Northern Light Pharmacy. If you would like to waive this requirement and personally accept the risk of lost or stolen packages please indicate this below.	Northern Pharmacy Fore River 195 Fore River Parkway Suite 170 Portland, ME 04102-2780 207.535.1600 fax 207.535.1610
I request to waive the signature requirement for packages to be delivered to my residence. Northern Light Pharmacy will not be responsible for any lost or stolen packages that are indicated as being delivered by the assigned carrier service.	Northern Light Specialty Pharmacy 43 Whiting Hill Rd suite 300 Brewer, ME 04412 207.356.3256 fax 207.973.4321