



Generic Medicine Program

"Patient Assistance Program Where *EVERYONE* Qualifies."

P. O. Box 125, Doniphan, Mo. 63935-0125

www.GenericMedicineProgram.com

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FAX COVERSHEET

Fax Order Toll-Free 24/7 To: 1.888.812.5170

BE SURE TO INCLUDE ENROLLMENT ORDER FORM, PRESCRIPTIONS, AND PAYMENT.

Your Name: (As written on prescription.)	
Address:	
Shipping Address:	
City, State, Postal / Zip Code:	
Home Phone:	()
Fax Number:	()
Birth Date: Month/Day/Year	
E-mail Address: Example: email@anything.com	
Number of Prescriptions In This Order:	

Please Attach Prescription(s) Here