

Thank you forchoosing eMed and Walgreens

Print and complete this Pickup Form to present it along with valid photo ID at a participating Walgreens pharmacy in NY, NJ and CA.

List of participating pharmacies available on emed.com/walgreens

Attention Walgreens team members: Please retain this with the state-specific protocol-based prescription.

Eligibility Verification:

Note: You must meet both of the	following to qualify for a test:	
The patient is at least 4 years of	of age	
The patient is not experiencing or pressure in the chest, or personal content is not experiencing.		such as severe shortness of breath, continuous pain
Name:	Phone:	Order Request:
Address:	Date of birth:	Abbott BinaxNOW COVID-19 Ag Card HOME TEST
Street:	Allergies:	Select one of the following options: 1 test 2 tests
City:	— Health conditions:	Note: Tests are for use by the patient on this order summary. Additional patients that require a test will require an additional order.
State, Zip:		
	of age; (b) the legal guardian of the patient; or (c) a per	rson authorized to consent on behalf of the patient where the patient is and the test kits will only be used for the patient listed above.

You must present a valid photo ID (state ID or driver's license) and this order confirmation when picking up your order.

Pickup Details:

Some orders may be available next day based on test supply. Same day wait times will vary by location. Orders cannot be phoned in or faxed to the participating Walgreens.

Payment Details

- Cash or credit card are accepted
- Insurance is not accepted for your order. eMed and Walgreens are unable to bill medical or pharmacy benefits for this order.

Directions for Walgreens Team Members:

- Create a state specific protocol based prescription (available on Storenet > Rx > Patient Care > Health Testing > COVID-19 > Pilots > At home BinaxNOW testing with eMed > Printable Forms > State-specific protocol based prescription templates) based on the filled out Order Form
- Process as a prescription in IC+ as "CASH" and dispense the test kit(s) as requested
- Attach this Order Form to the state specific protocol based prescription and file according to record retention policies