

**Sort
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Discovered

REFILL AUTHORIZATION REQUEST

Sent on 01/29/2019

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GLENDALE, CA 91205
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PATIENT NAME *Rhonda Mercer	DATE OF BIRTH 07/27/1958	PHONE 8195734926	ADDRESS 3704 Chariot Rd., Fountain Valley, CA. 98301
PHYSICIAN NAME *Roger Klein	PHONE 3242343243	FAX 8884732963	ADDRESS 435 Alicia Pkwy., Aliso Viejo, AR. 93845

RX NUMBER	MEDICATION	QTY	LAST FILL	DIRECTIONS	
	XELJANZ 5MG TAB	60	01/24/2019		<input type="checkbox"/> AUTHORIZED WITH _____ ADDITIONAL REFILLS

PLEASE CHECK ONE:

DOCTORS REMARKS:



ALL ABOVE SCRIPTS ARE AUTHORIZED FOR _____ ADDITIONAL
REFILLS



SCRIPTS ARE INDIVIDUALLY AUTHORIZED IN THE ABOVE LIST



NOT AUTHORIZED. PATIENT NEEDS TO CALL DOCTORS OFFICE

AUTHORIZED BY

SIGNATURE

DATE

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