

Sort
Pak

Discovered

REFILL AUTHORIZATION REQUEST

Sent on 01/25/2019

124 S. GLENDALE AVE
GLENDALE, CA 91205
TEL: (877) 570-7787
FAX: (877) 475-2383

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

RX NUMBER	MEDICATION	QTY	LAST FILL	DIRECTIONS
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PLEASE CHECK ONE:**DOCTORS REMARKS:**

ALL ABOVE SCRIPTS ARE AUTHORIZED FOR _____ ADDITIONAL
REFILLS

Patient is in negotiations



SCRIPTS ARE INDIVIDUALLY AUTHORIZED IN THE ABOVE LIST



NOT AUTHORIZED. PATIENT NEEDS TO CALL DOCTORS OFFICE

AUTHORIZED BY

SIGNATURE

DATE

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