

**Sort
Pak**

Discovered

REFILL AUTHORIZATION REQUEST

Sent on 01/29/2019

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

PATIENT NAME

Patient Test

DATE OF BIRTH

01/01/1990

PHONE

(714)555-5555

ADDRESS

123 MAIN ST,
Costa Mesa, CA. 92626

PHYSICIAN NAME

*Roger Klein

PHONE

3242343243

FAX

8884732963

ADDRESS

435 Alicia Pkwy.,
Aliso Viejo, AR. 93845

RX NUMBER	MEDICATION	QTY	LAST FILL	DIRECTIONS	
2263837	TRULANCE 3MG TAB	30	01/29/2019	1 300mg tablet each night	<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

CONFIDENTIALITY NOTICE

The information contained in this transmittal belongs to SortPak Pharmacy and may include information that is confidential, privileged, and protected from disclosure under applicable law. It is intended only for the use of the above physicians. If you are not the intended recipient of this information, you are hereby notified that any disclosure, copying, or distribution of this information is strictly prohibited. If you have received this transmittal in error, please immediately notify us by telephone at (877) 570-7787. Thank you.