



# REFILL AUTHORIZATION REQUEST

Sent on 01/15/2019

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GLENDALE, CA 91205  
TEL: (877) 570-7787  
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PATIENT NAME

\*Rhonda Mercer

DATE OF BIRTH

06/12/1966

PHONE

9393838482

ADDRESS

2938 Chariot Rd.,  
Fountain Valley, CA. 93049

PHYSICIAN NAME

\*Roger Klein

PHONE

3242343243

FAX

8884732963

ADDRESS

435 Alicia Pkwy.,  
Aliso Viejo, AR. 93845

RX NUMBER	MEDICATION	QTY	LAST FILL	DIRECTIONS	
23423452	JANUVIA 100MG TAB	30		1 20mg tablet each night	<input type="checkbox"/> AUTHORIZED  WITH __ ADDITIONAL REFILLS
343242323	PENNSAID 2% SOL	112			<input type="checkbox"/> AUTHORIZED  WITH __ ADDITIONAL REFILLS
	GABAPENTIN 300MG CAP	500			<input type="checkbox"/> AUTHORIZED  WITH __ ADDITIONAL REFILLS

PLEASE CHECK ONE:

DOCTORS REMARKS:

<input type="checkbox"/>	ALL ABOVE SCRIPTS ARE AUTHORIZED FOR __ ADDITIONAL REFILLS	
<input type="checkbox"/>	SCRIPTS ARE INDIVIDUALLY AUTHORIZED IN THE ABOVE LIST	
<input type="checkbox"/>	NOT AUTHORIZED. PATIENT NEEDS TO CALL DOCTORS OFFICE	

AUTHORIZED BY

SIGNATURE

DATE

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