



REFILL AUTHORIZATION REQUEST

Sent on 01/15/2019

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

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

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.