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# REFILL AUTHORIZATION REQUEST

Sent on 01/29/2019

124 S. GLENDALE AVE  
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  8774752382	ADDRESS  435 Alicia Pkwy., Aliso Viejo, AR. 93845

RX NUMBER	MEDICATION	QTY	LAST FILL	DIRECTIONS	
9836274	PENNSAID 2% SOL	112		1 200mg tablet each night	<input checked="" type="checkbox"/> AUTHORIZED WITH _____ ADDITIONAL REFILLS

**PLEASE CHECK ONE:**

**DOCTORS REMARKS:**

<input checked="" 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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