

**Sort
Pak**

Discovered

REFILL AUTHORIZATION REQUEST

Sent on 01/29/2019

124 S. GLENDALE AVE
GLENDALE, CA 91205
TEL: (877) 570-7787
FAX: (877) 475-2382

PATIENT NAME	DATE OF BIRTH	PHONE	ADDRESS
Patient Test	01/01/1990	(714)555-5555	123 MAIN ST, Costa Mesa, CA. 92626
PHYSICIAN NAME	PHONE	FAX	ADDRESS
*Roger Klein	3242343243	8884732963	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 checked="" 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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