FAX PREVIEW

Sort Pak
Discovered

REFILL AUTHORIZATION REQUEST

Sent on 12/18/2018

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

PATIENT NAME	DATE OF BIRTH	PHONE	ADDRESS
*Rhonda Mercer	08/10/1976	8383938485	2983 Santiago Blvd., San Juan Capistrano, CA. 93948

PHYSICIAN NAME	PHONE	FAX	ADDRESS
*Roger Klein	345435	23453445	435 Alicia Pkwy., Aliso Viejo, AR. 93845

RX NUMBER	MEDICATION	QTY	LAST FILL	DIRECTIONS	
433283284	PENNSAID 2% SOL	112		1150mg tablet each night	☐ 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 _____