

# FAX PREVIEW



## REFILL AUTHORIZATION REQUEST

Sent on 12/24/2018

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	3454356326	23453445	435 Alicia Pkwy., Aliso Viejo, AR. 93845

RX NUMBER	MEDICATION	QTY	LAST FILL	DIRECTIONS	
02928348	GABAPENTIN 100MG CAP	1000		1 20mg tablet in morning	<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.