



Steven's Pharmacy

Fill Prescription Form

Please print out this form, complete it in dark-colored ink, and fax it to **714.435.0261** or scan it and e-mail it to **stevensrx@yahoo.com**.

ph: 800.352.DRUG

ph: 714.540.8911

Steven's Pharmacy
1525 Mesa Verde Dr. East
Costa Mesa, CA, 92626

1. Patient Information:

Patient Name _____

Phone (____) _____ Date of Birth ____/____/____

2. Prescription Info:

Please send us a copy of your written prescription via fax or e-mail so we can verify it with your doctor and start filling your order. Then mail us the original within 7 days for our files. If you do not have a written prescription yet, call your doctor and have him/her call or fax in the prescription for you.

3. Retrieval Method:

Please check one of the following:

- The prescription will be picked up.
- Please deliver. (Someone must be available to sign for the medication.)
- Please ship/mail. (Someone must be available to sign for the medication.)

Delivery/ Shipping Address (if different from address on file):

Address _____

City _____ State _____ Zip _____ Phone (____) _____

4. Billing Information:

- Bill card on file.
- Bill new card below:

Type of Credit Card: Visa Mastercard Discover Amex

Name as it appears on the card _____

Credit Card # _____ Exp Date ____/____/____

CVV2* _____

*3-digit code printed on back of MasterCard, Visa, and Discover cards.

4-digit code printed (NOT embossed) on front of American Express card.

5. Authorization:

I authorize all prescriptions charged for amounts not covered by my insurance plan to be billed to the above charge card or my card on file.

Cardholder Signature _____ Date ____/____/____