



Steven's Pharmacy

New Customer 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 _____ Date of Birth ____/____/____

Home Phone (____) _____ Work Phone (____) _____

Address _____

City _____ State ____ Zip _____

Allergies _____

Phone number where you can be reached (____) _____

2. Prescription Info:

I have one or more new prescriptions to fill.

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.

Please transfer my prescription(s) from my old pharmacy.

Name of Previous Pharmacy _____

Old Prescription # _____ Pharmacy Phone (____) _____

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 above):

Address _____

City _____ State ____ Zip _____ Phone (____) _____

4. Insurance Information:

Please fax a copy of your insurance card, if available.

Insurance Company _____

Social Security # _____ PCN # or BIN # _____

Group # _____ ID/Member # _____

5. Billing Information:

Type of Credit Card: Visa Mastercard Discover Amex

Name as it appears on the card _____ CVV2* _____

Credit Card# _____ Exp Date ____/____/____

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

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

6. Authorization:

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

Cardholder Signature _____ Date ____/____/____