



# Steven's Pharmacy

## Refill 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:

Prescription # \_\_\_\_\_

## 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 \_\_\_\_/\_\_\_\_/\_\_\_\_