



EXISTING CUSTOMER REFILL FORM

INSTRUCTIONS:

This form is for EXISTING CUSTOMERS only. Please print clearly and complete both pages. All fields with * must be filled to be valid.

STEPS:

- Fill out your personal information and in the refill order request portion please check one of the options.
- If you are requesting a refill on your current medication(s) complete this form and fax the form to us toll free at 1-866-912-3784.
- If you are requesting a refill on you current medication(s) and ordering a new medication please check off the appropriate box for each of the medication(s) ordered in the refill request portion.

Once you have completed the form fax this form along with your new prescriptions to us at 1-866-912-3784.

☺ ALL REFILL REQUESTS WILL BE PROCESSED WITHIN 48 HOURS OF RECEIVING ALL REQUIRED INFORMATION.

***PERSONAL INFORMATION:**

*First Name: _____

*Last Name: _____

*Telephone #: _____

Email: _____

***REFILL ORDER REQUEST:**

Refilling a Current Prescription

Refilling a prescription & Order New Medication(s)

☺ REMEMBER TO FAX YOUR PRESCRIPTION(S) FOR ANY NEW MEDICATION(S) THAT YOU HAVE ORDERED!

**Due to pharmaceutical law all dispensed medications; prescription and non-prescription products cannot be returned. All sales are final.



***Which medications (name, dosage, and quantity) would you like order? Just a reminder that all new medications order will require a prescription to be either mailed or faxed to us.**

Current	New	Medication Name	Dosage	Quantity
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____

***PAYMENT METHOD:**

Use my credit card that you have on file

Use a different credit card

Credit card type:

Master Card Visa

New credit card # _____ Expiry _____ CVN# _____

***SHIPPING/MAILING ADDRESS AND MEDICAL HISTORY:**

Please indicate any changes to your mailing/shipping address since your last order:

Please let us know of any changes in your health since the last order:

FOR NEW PRESCRIPTIONS PLEASE ATTACH YOUR PRESCRIPTION BELOW AND FAX TO 1-866-912-3784