



# Steven's Pharmacy

## Fill Prescription Form

Please print out this form,  
complete it in dark-colored ink,  
and fax it to **714.242.6975** or  
scan it and e-mail it to  
**stevensrx@yahoo.com**.

ph: 800.352.DRUG  
ph: 714.540.8912

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 \_\_\_\_/\_\_\_\_/\_\_\_\_