Steven's Pharmacy

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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 appers 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_____/_____/_____