Instructions For Sav-Rx Mail Order Prescriptions

1. Complete the information below. 2. Enclose prescription with doctor information. 5AV**-RX** (including phone number) 3. Enclose check or credit card information. 4. Sign and date the authorization. Name Cardholder ID # Birth Date **Address** City State Zip **Daytime Phone Evening Phone Group Name or Number** Patient Name (if prescription is for other than cardholder) Patient Birth Date My Card Expires Check One Month Charge my Credit Card: Sign Here: Cardholder Signature To avoid delays it is strongly recommended that a credit card be used. Credit card orders are processed within 24 hours. Checks can take several days. When sending a check be sure to include the correct amount, and write your ID number on the check. New Prescri REFILL - Fill out the information above. - Put information and new prescriptions from your doctor in an envelope. - Include Credit Card information or payment. REFILL # Refill - Fill out the information above. - Include Credit Card information or payment. - Place refill sticker on this sheet. REFILL The sticker is on the right side of the prescription information that arrived with your prescription. If you don't have a sticker fill in the refill number and drug name to the right. Sav-Rx Prescription Services P O Box 8 Fremont, NE 68026-0008

Sav-Rx does not hold prescriptions. Please send only prescriptions to be ordered immediately.