



Sav-Rx Prescription Services
P.O. Box 8
Fremont, NE 68026

SAV-RX MAIL ORDER FORM

| | | | |
|--|-------------------------------|-----------------|------------|
| Name: | ID#: | Group #: | |
| Address: | City | State | Zip |
| Daytime Phone: | Evening Phone: | | |
| Patient Name (if prescription is for other than the cardholder) | Patient Date of Birth: | | |

NEW PRESCRIPTION

1. Complete the information above
2. Include your original prescription(s) in an envelope
3. Include Credit Card information or payment

* Note: Only your physician may phone in a new prescription order to 1-800-228-3108 or fax your order to 1-888-810-1394

REFILL

1. Complete the information above
2. Place refill sticker on this sheet or refill Rx# and drug name. The refill sticker is on the right side of the prescription information that arrived with your previous prescription order.
3. Include Credit Card information or payment

*Note: To expedite your REFILL order, you may call 1-800-228-3108 to order by phone.

Place Refill Sticker(s) here or complete the information.

Refill Rx# _____

Drug Name _____

Refill Rx# _____

Drug Name _____

Refill Rx# _____

Drug Name _____

Please charge my Credit Card

Credit Card Expiration Date:

Check One:   

Month: ___/___ Year: ___/___

Credit Card Number:

Cardholder Signature: _____ Date: _____

Personal Check or Money Order enclosed. If providing payment by personal check, make payable to Sav-Rx and provide your ID# on the check. Mail payment and prescription to Sav-Rx P.O. Box 8 Fremont, NE 68026

By checking this box, I elect to receive brand name drugs for all prescriptions in this order. I understand I am responsible for the brand co-payment, which may be higher.

Sav-Rx does not hold prescriptions. Please send only prescriptions to be ordered immediately. Once an order has been processed, it cannot be stopped. We cannot accept returns.