

Instructions For Sav-Rx Mail Order Prescriptions

1. Complete the information below.
2. Enclose prescription with doctor information.
(including phone number)
3. Enclose check or credit card information.
4. Sign and date the authorization.



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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

Check One	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		My Card Expires	Month	<input type="text"/>	Year	<input type="text"/>
Charge my Credit Card:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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 Prescriptions

- Fill out the information above.
- Put information and new prescriptions from your doctor in an envelope.
- Include Credit Card information or payment.

Refill

- Fill out the information above.
- Include Credit Card information or payment.
- Place refill sticker on this sheet.

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.

REFILL #

DRUG NAME

REFILL #

DRUG NAME

REFILL #

DRUG NAME

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.