



CUSTOMER NEW PRESCRIPTION REQUEST

18 Technology Drive, Suite 104, Irvine, CA 92618
Phone: 949-471-0223 | Fax: 949-404-3760

PATIENT INFORMATION

Name: _____ D.O.B.: _____ Male: _____ Female: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Preferred Phone: _____ Member ID#: _____ Group #: _____

Allergy Information: _____ Health Conditions: _____

PRESCRIPTION INFORMATION

New prescription(s) enclosed

Transfer prescriptions from another pharmacy

Contact doctor for new prescriptions(s) – doctor may send prescriptions electronically to Quality Drug

Prescription Number	Name of Medication	Strength	Pharmacy Name & Phone	Doctor Name & Phone
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Mail completed form and new prescription(s) to address on top of form. You should receive your order back in 1-3 calendar days after receipt of forms/prescriptions. Quality Drug Clinical Care will contact you at your preferred phone number if there is an issue in filling your prescription(s).

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