



# Customer New Prescription Request

A subsidiary of The Kroger Co.

**Ralphs Pharmacy #22**  
645 West 9th Street  
Los Angeles, CA 90015  
Telephone: (213) 452-0830  
Fax: (213) 452-0834  
[www.ralphs.com/pharmacy](http://www.ralphs.com/pharmacy)

## Patient Information

Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_  Male  Female

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Patient's Preferred Phone: \_\_\_\_\_ Member ID #: \_\_\_\_\_

Allergy Information: \_\_\_\_\_ Health Conditions: \_\_\_\_\_

## Prescription Information

- New prescription(s) enclosed
- Transfer prescriptions from another pharmacy
- Contact doctor for new prescription(s) - doctor may send prescriptions electronically to Ralphs #22

Prescription No.	Name of Medication	Strength	Pharmacy Name & Phone	Doctor Name & Phone

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. Ralphs Pharmacy will contact you at your preferred phone number if there is an issue in filling your prescription(s). Ralphs Pharmacy will notify you automatically when your order ships by text or phone. Please select your preferred notification method by checking the appropriate box and providing the needed information.

Text:  Phone:

Thank you. We appreciate your business!

