

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.



[Printer Friendly PDF](#)

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 | | | | My Card Expires Month Year |
| Charge my Credit Card: | | | | |
| Sign Here: _____ <div style="text-align: center; margin-top: 5px;">Cardholder Signature</div> | | | | |

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 #

DRUG NAME

Place Refill Sticker Here

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

Place Refill Sticker Here

REFILL #

DRUG NAME

Place Refill Sticker Here

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.