

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.



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

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|------------------------|--------------------------|----------------------|--------------------------|----------------------|--------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Check One | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | | My Card Expires | | | Month | <input type="text"/> | <input type="text"/> | Year | <input type="text"/> | <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"/> | <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 # _____

Place Refill Sticker Here

DRUG NAME _____

Refill

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

REFILL # _____

Place Refill Sticker Here

DRUG NAME _____

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 # _____

Place Refill Sticker Here

DRUG NAME _____

Rx Clarity Prescription Services
P.O Box 8
Fremont, NE 68026-0008

Rx Clarity does not hold prescriptions.
Please send only prescriptions to be ordered immediately.