

PRESCRIPTION REQUEST **JCB / KRS**

Date/Time:

Patient:

Rx Requested:

Brand                      Generic

Milligrams:

Directions:

Quantity:

Call-In                      Mail\*                      Pick Up

**If mailing address is different from home address, check here    and list mailing address below.**

---

---

---

**If requesting shipping other than by regular mail, check here    and contact office for instructions.**

Pharmacy and Phone Number:

Name:

Phone#:

Comments:

---

---

---

---

---

---

---

---

---

---

Your name and contact information:

Name:

Relation:

1. Phone # :

2. Phone # :