Steven's Pharmacy

New Customer Form

Please print out this form, complete it in dark-colored ink, and fax it to **714.242.6975** or scan it and e-mail it to **stevensrx@yahoo.com**.

ph: 800.352.DRUG
ph: 714.540.8912

Steven's Pharmacy
1525 Mesa Verde Dr. East
Costa Mesa, CA, 92626

1. Patient Information:

Patient Name_____Date of Birth____/____/____

Home Phone (_____)_____ Work Phone (_____)_____

Address_____

City_____State_____ Zip_____

Allergies_____

Phone number where you can be reached (_____)_____

2. Prescription Info:

[ ] I have one or more new prescriptions to fill.

Please send us a copy of your written prescription via fax or e-mail so we can verify it with your doctor and start filling your order. Then mail us the original within 7 days for our files. If you do not have a written prescription yet, call your doctor and have him/her call or fax in the prescription for you.

[ ] Please transfer my prescription(s) from my old pharmacy.

Name of Previous Pharmacy_____

Old Prescription #_____ Pharmacy Phone (_____)_____

3. Retrieval Method:

Please check one of the following:

[ ] The prescription will be picked up.
[ ] Please deliver. (Someone must be available to sign for the medication.)
[ ] Please ship/mail. (Someone must be available to sign for the medication.)

Delivery/ Shipping Address (if different from above):

Address_____

City_____ State_____ Zip_____ Phone (_____)_____

4. Insurance Information:

Please fax a copy of your insurance card, if available.

Insurance Company_____

Social Security #_____ PCN # or BIN #_____

Group #_____ ID/Member #_____

5. Billing Information:

Type of Credit Card: [ ] Visa [ ] Mastercard [ ] Discover [ ] Amex

Name as it appers on the card_____CVV2*_____

Credit Card#_____Exp Date____/____/____

*3-digit code printed on back of MasterCard, Visa, and Discover cards.
4-digit code printed (NOT embossed) on front of American Express card.

6. Authorization:

I authorize all prescriptions charged for amounts not covered by my insurance plan to be billed to the above charge card number.

Cardholder Signature_____Date____/____/____