



# CUSTOMER NEW PRESCRIPTION REQUEST

4 Technology Drive, Suite 100, Irvine, CA 92618  
Phone: 949-471-0223 | Fax: 949-404-3760

## PATIENT INFORMATION

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

Mailing Address:

City: State: Zip Code:

Preferred Phone: Member ID#: Group #:

Allergy Information: Health Conditions:

## PRESCRIPTION INFORMATION

New prescription(s) enclosed

Transfer prescriptions from another pharmacy

Contact doctor for new prescriptions(s) – doctor may send prescriptions electronically to Quality Drug

Prescription Number	Name of Medication	Strength	Pharmacy Name & Phone	Doctor Name & Phone
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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. Quality Drug Clinical Care will contact you at your preferred phone number if there is an issue in filling your prescription(s).

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