

Phone:

Text:

Customer New Prescription Request

Ralphs Pharmacy #22

645 West 9th Street Los Angeles, CA 90015 Telephone: (213) 452-0830

Fax: (213) 452-0834 www.ralphs.com/pharmacy

		Patier	nt Information		
Name:		D.O.B.:		Male Female	
Mailing Address	s:				
City:			State:	_ ZIP Code:	
Preferred Phone:		Member ID #:		Group #:	
Allergy Informa	tion:	Health Conditions:			
		Prescripti	on Information		
☐ New pr	rescription(s) enclosed				
Transfe	er prescriptions from anoth	ner pharmacy			
Contac	t doctor for new prescription	(s) - doctor n	nay send prescriptions electro	nically to Ralphs #22	
Prescription No.	Name of Medication	Strength	Pharmacy Name & Phone	Doctor Name & Phone	
days after receip	ot of forms/prescriptions. Ral	phs Pharmacy v	top of form. You should receive y will contact you at your preferred ph a automatically when your order sl	none number if there is an issue in	

Thank you. We appreciate your business!

select your preferred notification method by checking the appropriate box and providing the needed information.

