

Prescription Mail Order Form

Instructions:

- 1.) Fill-in Personal Information
- 2.) List any known allergies
- 3.) List all currently prescribed medications you are taking
- 4.) Circle "Yes or "No" for the medications you wish to order
- 5.) Complete Payment Method Information
- 6.) Mail completed form and Original Prescription/s

Mail to:

RCS
 1145 Highbrook Rd. 707
 Akron, Ohio 44301

Questions? 1-800-758-1751

Your First Name: _____ Birthday: _____

Spouse First Name: _____ Birthday: _____

Last Name: _____

Address: _____ E-mail: _____

City: _____ State: _____ Zip: _____





Day Phone: _____ Evening Phone: _____

Doctor's Name: _____ Doctor's Phone: _____

List any known ALLERGIES

LIST ALL CURRENT PRESCRIBED MEDICATIONS

	Prescription Name	Strength	Dosage	Country	Ordering	Qty.	Cost
1.)					YES / NO		
2.)					YES / NO		
3.)					YES / NO		
4.)					YES / NO		
5.)					YES / NO		
6.)					YES / NO		
7.)					YES / NO		
8.)					YES / NO		
9.)					YES / NO		
10.)					YES / NO		

Card # - - -

Card Exp. Month Year

_____ Card Holder Signature

If you have selected E-Check as your method of payment:

- 1.) Simply send your regular check to pay for this initial order or call in to give your checking information.
- 2.) Your check information will be electronically captured.
- 3.) You will not have to send a check on any future orders

Sub-Tot	
Shipping	
Total	

For Office Use Only

AC		
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