Gary's Pharmacy @ Yokes

Toll Free Phone: 1-866-682-3517

Prescription Refill Order Form

Patient Information:

Name	Date of Birth (MM/DD/YY)	Member ID
Mailing Address	City, State	Zip
Phone	Fax	Email

Medication Name	Dosage	Quantity	Directions	Co-Pay Generic = $21 Brand = $42

☐ Refill Total Amount: $ _____

☐ New Prescription ******Must be mailed along with the original signed Doctor's prescription******

☐ I do not require pharmacy counseling, as my physician has already counseled me on the above medication(s)

Payment Method:

☐ Certified Check ☐ Money Order ☐ Personal Check ☐ Cash Amount: $ _____

Credit Card Payment Method:

☐ Visa ☐ MasterCard ☐ American Express ☐ Discover Amount: $ _____

Name on Credit Card	Credit Card Number	Expiration Date
Billing Card Address	City, State	Zip
Phone (Home)	Phone (Work)	
Cardholder Signature	Date	

Completed forms can be faxed to: 1-208-682-3900, or mailed to:

Attn: Gary's Pharmacy @ Yokes

117 North Hill Street

Kellogg, Idaho 83837

******PLEASE ALLOW 2 WEEKS FOR DELIVERY******