



Sav-Rx Prescription Services
 P.O. Box 8
 Fremont, NE. 68026
 1-800-228-3108

SAV-RX MAIL ORDER FORM

Name:	ID#:	Group #:	
Address:	City	State	Zip
Daytime Phone:	Evening Phone:		
Patient Name (if prescription is for other than the cardholder)	Patient Date of Birth:		

NEW PRESCRIPTION

1. Complete the information above
2. Include your original prescription(s) in an envelope
3. Include Credit Card information or payment

* Note: Your physician may phone in your order to 1-800-228-3108 or fax your order to 1-888-810-1394

REFILL

1. Complete the information above
2. Place refill sticker on this sheet or refill Rx# and drug name. The refill sticker is on the right side of the prescription information that arrived with your previous prescription order.
3. Include Credit Card information or payment
4. To expedite your refill order, you may call 1-800-228-3108 to order by phone.

Place Refill Sticker(s) here or complete the information.

Refill Rx# _____

Drug Name _____

Refill Rx# _____

Drug Name _____

Refill Rx# _____

Drug Name _____

Sav-Rx does not hold prescriptions. Please send only prescriptions to be ordered immediately. Once an order has been processed, it cannot be stopped. We will not accept returns of accurately dispensed medications.

Please charge my Credit Card

Credit Card Expiration Date:

Check One:







Month: _____

Year: _____

Credit Card Number:

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Cardholder Signature: _____

Date: _____

Personal Check or Money Order enclosed. If providing payment by personal check, make payable to Sav-Rx and provide your ID# on the check. Mail payment and prescription to Sav-Rx P.O. Box 8 Fremont, Ne. 68026

PRE-PAYMENT IS REQUIRED FOR ALL ORDERS. IF YOU NEED CURRENT PRICING PLEASE CALL 1-800-228-3108 TO SPEAK DIRECTLY WITH A CUSTOMER SERVICE REPRESENTATIVE. ANY ORDERS RECEIVED WITHOUT PAYMENT COULD BE DELAYED.

By checking this box, I elect to receive brand name drugs for all prescriptions in this order. I understand I am responsible for the brand co-payment, which may be higher.