

For pharmacy use only - tracking number

# Refill Order Form

Please complete and fax this form toll-free 1.866.576.7377



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/ 2641 St. Mary's Road  
/ Winnipeg / Canada / R2N 4A2  
/ Phone (toll-free) 1.866.571.7377  
/ Fax (toll-free) 1.866.576.7377  
/ email: info@sdhs.us  
/ web: www.sdhs.us

Do you want your order shipped with another family member's at your same address?

Y  N

If yes, name:

## Patient Information (please print clearly)

Refill number: \_\_\_\_\_

First Name \_\_\_\_\_ >PDP

Last Name \_\_\_\_\_

Phone (days) \_\_\_\_\_

Phone (evenings) \_\_\_\_\_

Cell phone \_\_\_\_\_

Email \_\_\_\_\_

If there are any changes in your credit card information that we have on file please indicate it below

Name on Credit Card \_\_\_\_\_

Credit Card Type  Visa  MasterCard Other (see below)\*

Credit Card Number \_\_\_\_\_

Expiration Date (month/year): \_\_\_\_\_

If there have been any changes in your Health Profile information that we have on file please indicate below

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If there have been any changes in your Delivery Address please indicate it below

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*\*We accept "International" money orders available at any U.S. Post Office or bank. Attach money order to your Prescription Product Order form. If this form of payment is chosen, all forms must be mailed, not faxed. Please allow an additional 7 days processing due to mail time.*

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13-Dec-05

Signature \_\_\_\_\_

Date \_\_\_\_\_