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

SAV-RX MAIL ORDER FORM

Name:	**ID#:**	**Group #:**	
Mailing 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 escribe your order or phone in your order to 1-800-228-3108 or fax your order to 1-402-753-2890**

REFILL

1. **Complete the information above**
2. **Include Credit Card information or payment**
3. **To expedite your refill order, you may visit our website www.savrx.com or download our app from the AppStore or Google Play.**

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: ○ VISA ○ MasterCard ○ DISCOVER **Month:**_____ _____ **Year:**_____ _____

Credit Card Number: **CVV:**

Name as it appears on the card: _____ **Billing Zip Code:** _____

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

PAYMENT IS REQUIRED FOR ALL ORDERS. IF YOU NEED CURRENT PRICING, PLEASE CALL 1-800-228-3108 TO SPEAK DIRECTLY WITH A CUSTOMER SERVICE REPRESENATIVE.