



Automatic Refill Program Enrollment Form

Please use one form per prescription.

I understand that by completing and signing this form, I am requesting enrollment in the Automatic Refill (AR) Program with Pacific Compounding Pharmacy and Consultations (PCPC). The AR Program allows the staff at PCPC to refill my designated prescription and bill me (i.e. charge your credit card) for my prescription without contacting me. The staff at PCPC will also communicate with my prescriber when necessary to obtain additional refill authorizations to continue therapy. Further, my signature indicates that I have access to and have read the Automatic Refill Program Summary. Lastly, I understand that this enrollment authorization is valid for a maximum of one year from the date that I sign. I have been informed that I will need to complete an Enrollment Form every year to remain in the AR Program. At any time, I may withdraw from the AR Program by completing the PCPC AR Withdrawal form. I am aware that I need to send this form at least seven days prior to my anticipated refill date and I will receive written confirmation from PCPC that my request has been honored before withdrawal from the AR Program is complete.

Signature: _____

Date: _____

Print Name: _____

RX# _____ Medication _____

Patient Name: _____
Last, First, MI

DOB: _____
MM/DD/YYYY

Billing Address: _____
Street, City, State, and Zip

Phone #: _____

CC#: _____ EXP: _____ CCV: _____

- I would like to :**
- pick up my prescription at the pharmacy OR
 - have my prescription shipped (additional charges will apply)

If you selected to have your prescription shipped to you, please indicate the correct address in California:

Same as my billing address.

Different Ship to Address: _____
Street, City, State, and Zip

- Please send my package by (select one only):**
- United States Postal (ground) OR
 - Golden State Overnight (1-2 days) OR
 - FedEx (1-2 days)

Return this form in person, by mail (312 Lincoln Center, Stockton, CA 95207), or by fax 209-474-7168.

PCPC Use Only: Date Received: _____ By: _____