

## Medicine Tree Pharmacy

### Refill Form

Please print out this form,  
complete it in dark colored ink and  
fax it to 269-668-6802.

ph: 269.668.6801

fx: 269.668.6802

Medicine Tree Pharmacy  
56109 Village Center Circle  
Mattawan, MI 49071

#### 1. Patient Information:

Patient Name \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_\_\_

Phone Number \_\_\_\_\_

#### 2. Prescription Info:

Prescription # \_\_\_\_\_

#### 3. Retrieval Method:

##### Please check one of the following:

The prescription will be picked up

Please deliver. (Someone must be available to sign for the medication.)

Delivery address (if different from above):

Address: \_\_\_\_\_

City \_\_\_\_\_ Phone \_\_\_\_\_

#### 4. Billing Information:

Bill card on file.

Bill new card below:

Type of Credit Card:  Visa  MasterCard  Discover

Name as it appears on the card \_\_\_\_\_ CVV2\* \_\_\_\_\_

Credit Card # \_\_\_\_\_ Exp Date \_\_\_\_\_

\* 3 digit code printed on the back of MasterCard, Visa and Discover Cards.

#### 5. Authorization:

I authorize all prescriptions to be charged for amounts not covered by my  
insurance plan to be billed to the above charge card number.

Cardholder signature \_\_\_\_\_ Date \_\_\_\_\_