

FAX: (951) 657-5481
PHONE: (951) 657-9511



Perris Hills Pharmacy

OPEN 365 DAYS A YEAR

Medication Order

You can also E-script or phone in your prescriptions

Hablamos Español

PerrisHillsPharmacy.com
 Email@PerrisHillsPharmacy.com

INDIAN HILLS CENTER
540 West 4th Street, Suite 1 • Perris, CA 92570

START DATE				
MONTH	/	DAY	/	YEAR

Patient Information

FIRST NAME _____ LAST NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ CELL PHONE _____

DOB _____ SS No. _____

INSURANCE NAME (COPY CARD FRONT & BACK) _____

ID _____ GROUP _____

DX _____



Refills 1 2 3 PRN

Authorized Signature

SPECIAL INSTRUCTIONS

Physician's Information

PHYSICIAN'S NAME _____

OFFICE ADDRESS _____

CITY _____ STATE _____ ZIP _____

E-MAIL _____

OFFICE PHONE _____ OFFICE FAX _____

DEA _____ LIC # _____

NPI # _____

Shipping & Delivery

DELIVER TO: MD Office Patient Home Patient will Pick Up

SHIPPING: Next Day 2nd Day Air

FREE SHIPPING