



MDR Pharmaceutical Care / Encino Pharmacy
 17071 Ventura Boulevard, Encino, CA 91316
 TEL: (800) 515- DRUG (3784) / FAX: (888) 939- 2020

CREDIT CARD PAYMENT AUTHORIZATION FORM

Dear Customer,

For your convenience, we accept VISA, MasterCard, Discover, and American Express. Please indicate method of payment below:

Please circle: VISA MasterCard Discover American Express

*Account No.

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*Expiration Date

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Credit Card Billing Address Information:

*Street Address: _____ *State _____ *Zip _____

I authorize MDR Pharmaceutical Care/ Encino Pharmacy to charge my major credit card.

Print Patient's Name _____ DOB _____

*Print Cardholders Name _____

*Cardholders Signature _____ *Date _____

No Return Policy – MDR’s policy, in conjunction with state and federal laws, prohibits the acceptance of returned medications. With your signature above you confirm acknowledgement and acceptance of this policy.

Please return this form by fax to at (888) 939-2020 or locally at (818) 788-0607.

Thank you for choosing MDR Pharmaceutical Care / Encino Pharmacy and call us if we can be of further assistance.

Confidential Health Information

Health care information is personal information related to a person's health care. It is being faxed to you after appropriate authorization or under circumstances that don't require authorization. You are obligated to maintain it in a safe, secure and confidential manner. Redisclosure of this information is prohibited unless permitted by law or appropriate customer/patient authorization is obtained. Unauthorized re-disclosure or failure to maintain confidentiality could subject you penalties described in federal and state laws.