



MDR Pharmaceutical Care
 17071 Ventura Boulevard, Suite 126
 Encino, California 91316
 800. 515. DRUG (3784)
 Fax: 888. 939. 2020
 E-Mail: info@mdrusa.com

MDR Encino Pharmacy
 17071 Ventura Boulevard, Suite 100
 Encino, California 91316
 800. 515. DRUG (3784)
 Tel: 818. 788. 5858
 Fax: 818. 788. 0607

MDR Westwood Center Pharmacy
 10921 Wilshire Boulevard
 Los Angeles, California 90024
 Tel: 310. 208. 6666
 Fax: 310. 824. 0056

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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Security Code

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By signing below, I authorize *MDR* to charge my major credit card.

Patient's Name (print) _____ DOB _____

Cardholder's Name (print) _____

Cardholder's 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.

Thank you for choosing *MDR* for your prescription needs. Please contact 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.