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Automatic Refill Authorization

Dear Valued Patient,

Newark Rx Pharmacy has created a system to automatically refill the prescriptions of your choice when they are available to be refilled. By selecting automatic refills of your prescriptions this gives us the time to contact your provider for more refills, order more inventory to fill your order, and have your order ready for pick up or delivery on time. Our automatic refill program is ideal for most maintenance medications that are taken consistently. However, we cannot fill controlled medications on the automatic refill program.

All you need to do is complete an authorization form below giving your permission for us to fill your medications automatically and you are enrolled. Please contact Newark Rx Pharmacy if you are unsure which medications should be put on automatic refill.

If you decide you do not want to participate in our automatic refill program any longer, you can easily opt out at any time. To do so, contact Newark Rx Pharmacy and let us know that you do not want to participate in the automatic refill program. If you feel your order should have arrived and you have not received it, please call Newark Rx Pharmacy as soon as possible.

I _____ would like my medications refilled automatically and agree to the Newark Rx Pharmacy auto refill permissions and return policy.

Auto Refill Return Policy:

I acknowledge and agree to Newark Rx Pharmacy's Automatic Refill policy as stated here. I am voluntarily requesting to be placed on this program to improve my health and compliance with my medications. **It is my responsibility to notify Newark Rx Pharmacy of any changes in address, change drug dose, or frequency that might affect my medication profile and refill regimen as soon as possible.** I acknowledge that should I fail to do any of the above, which may result in an unnecessary fill, it is my financial responsibility. It is illegal to return medication once it has left the Newark Rx Pharmacy facility even if it has not been opened. It is my responsibility to notify Newark Rx Pharmacy if I wish to discontinue this service or if my address changes. Notification must be given before the prescription is picked up or delivered to me to avoid financial responsibility for the prescription. Prescriptions may not be returned once they have left the pharmacy.

Congratulations! You have just simplified your life and improved your health by signing up for our automatic prescription refill program.

Signature _____

Date: / /

Date of Birth: / /

Newark Rx Pharmacy
your health is our priority.