

To have your prescriptions filled, it's as simple as 1, 2, 3. Please complete steps #1-3 below and share this form with your healthcare provider to complete step #4

**FOR PATIENTS**

**Step 1: Create your account**

In order for prescriptions to be filled through Zarina pharmacy, patients must first create a user account. To get started, please visit: [zarina.pharmacy](http://zarina.pharmacy)

**Step 2: Provide patient information**

Email Address <small>Required</small>	This email address associated with the Zarina Pharmacy user account		
First name	Last name	MI	
Delivery Address	Apt., Ste.#		
City	State	Zip code	Phone number <small>With area code</small>
Date of birth <small>(mm/dd/yyyy)</small>	Sex (assigned at birth)	<input type="radio"/> Male	<input type="radio"/> Female

**Step 3: Share this form and the prescription drugs you'd like us to fill**

1. Look for the drugs on the Zarina pharmacy site you'd like your doctor to prescribe at [zarina.pharmacy/medications/](http://zarina.pharmacy/medications/)
2. Write the names of the drugs you'd like prescriptions for below, and tell your doctor

**FOR PROVIDERS**

**Step 4: Providers- Please submit electronic prescriptions to:**

**1**

**eRx** (electronically):

**Perform pharmacy search for:**

**"Jarina pharmacy:**

**NCPDP ID: 5924394**

**Important:** Providers MUST INCLUDE THE PATIENT'S EMAIL ADDRESS (see box above). Our pharmacy system requires an email address to match new prescriptions with patients.

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