

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: zarinapharmacy.com

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 zarinapharmacy.com/medications/
2. Write the names of the drugs you'd like prescriptions for below, and tell your doctor
3. Please provide your doctor's full name, telephone number so we can reach your doctor to get a new prescription via eRX or FAX

FOR PROVIDERS

Step 4: Providers- Please submit electronic prescriptions to:

1

eRx (electronically):

Perform pharmacy search for:

"Zarina 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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