



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

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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