

For pharmacy use only - tracking number

Refill Order Form Affordable Prescription Drugs



The Association of Retired Americans

Phone 1-800-806-6160, Fax 1-866-896-7099

The Association of Retired Americans

/ 6505 East 82nd Street . Suite 130
/Indianapolis / IN/ 46250-5507

Phone 1.800.806.6160

Fax 1-866-896-7099

Email ara@ara-usa.org

www.seniordrugconnection.com

Patient Information (please print clearly)

Refill number: _____

First Name _____

Last Name _____ >RA

Phone (days) _____

Phone (evenings) _____

Cell phone _____

Email _____

If there are any changes in your credit card information that we have on file please indicate it below

Name on Credit Card _____

Credit Card Type Visa MasterCard Other (money order, see below)*

Credit Card Number _____

Expiration Date (month/year): _____

If there have been any changes in your Health Profile information that we have on file please indicate below

If there have been any changes in your Delivery Address please indicate it below

Signature _____

Date _____

Do you want your order shipped with another family member's at your same address?

Y N

If yes, name: _____

**We accept "International" money orders available at any U.S. Post Office or bank. Attach money order to your Prescription Product Order form. If this form of payment is chosen, all forms must be mailed, not faxed. Please allow an additional 7 days processing due to mail time.*