



New Service Available: **Automatic Refills!**

Wouldn't it be nice to never have to order your prescriptions, without fear of running out of your medication? With our new Automatic Refill program through Health Direct Pharmacy, we can schedule your prescriptions to be automatically filled and shipped right to your door!

How does it work?

You select which medications you wish to enroll, we take care of the rest! Your prescription will be automatically refilled and shipped to you prior to running out of your current supply.

Getting started!

Getting started is easy, simply fill out the attached and return to Health Direct via:

1. Email – MailOrder@HealthDirectPharmacy.com
2. Fax – 1-315-287-3330
3. Mail - Health Direct Pharmacy
31 East Main St.
Gouverneur, NY 13642

What if your prescription changes?

Please notify us of any changes to any enrolled medications such as change in dose, directions, or discontinuation of a product to ensure obsolete orders are not automatically filled and shipped, as pharmacy regulations prohibit the return of a delivered prescription medication.

Health Direct Pharmacy's Automatic Refill program is only for maintenance medications that you will be taking long term. The Automatic Refill program is not intended for medications requiring frequent lab testing, controlled substances, or topical applications. If you have a question on which of your medications can be enrolled, please contact us at: 1-866-287-9885.

Name _____ **Date of Birth** _____

Address _____ **Phone (Day)** () _____ - _____

Email _____

Prescriptions to Enroll _____

By completing and submitting this form, I understand that I am requesting enrollment in Health Direct Pharmacy's Automatic Refill Program. I agree to notify Health Direct Pharmacy of any changes that may occur to any prescription medications enrolled in this program. I understand that medications in Health Direct Pharmacy's Automatic refill program will be shipped to my primary address on file unless otherwise indicated.

Patient's Signature _____

Date _____