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Automatic Refill Authorization

Dear Valued Patient,

Cayucos Pharmacies has created a system to automatically refill the prescriptions of your choice when they are available to be refilled. By selecting automatic refills of your prescriptions this gives us the time to contact your provider for more refills, order more inventory to fill your order, and ship your order on time, if applicable. Our automatic refill program is ideal for most maintenance medications that are taken consistently. However, we can't fill controlled medications on the automatic refill program.

A completed authorization form giving your permission for us to fill your medications automatically is required. In addition, signing up for to receive notification when your prescription is ready for pick up through SMS or Health Link is required. Please contact us if you are unsure which medications should be put on automatic refill.

If you decide you do not want to participate in our automatic refill program any longer. You can easily opt out at any time. To do so, please notify us through our website on the Contact Us page and let us know you do not want to participate in the automatic refill program. If you feel your order should have arrived and you have not received it, please contact us as soon as possible.

I _____ would like the following medications refilled automatically and agree to the auto refill permissions and return policy:

Auto Refill Policy:

I acknowledge and agree to Cayucos Pharmacies Automatic Refill policy as stated here. I am voluntarily requesting to be placed on this program to improve my health and compliance with my medications. **It is my responsibility to notify Cayucos Pharmacies of any changes in address change, drug dose, or frequency that might affect my medication profile and refill regimen as soon as possible.** I acknowledge that should I fail to do any of the above, which may result in an unnecessary fill, it is my financial responsibility. We do not return medication once it has left the pharmacy even if it has not been opened. It is my responsibility to notify Cayucos Pharmacies if I wish to discontinue this service or if my address changes. Notification must be given before the prescription is mailed out from the pharmacy to avoid financial responsibility for the prescription and shipping. Prescriptions may not be returned once they have left the pharmacy.

Signature _____ DOB _____ Date _____

[] SMS *Cell Phone _____ [] Health Link *Email _____