



# Refills On Time™

## Easy prescription refills with Refills On Time™

Never worry about running out of your prescriptions again. Enjoy the convenience of automatic prescription refills with Giant Eagle's FREE Refills On Time.

Just let us know which of your refillable prescriptions you want to have automatically refilled.

Giant Eagle pharmacists do the rest!

- Decide which prescriptions you want to include in the Refills On Time service.
- Complete the attached form.
- Drop it off at your selected Giant Eagle pharmacy.
- We'll call or e-mail you (whichever you prefer) when your prescription is ready!

Name \_\_\_\_\_

(Print your name as it appears on your Giant Eagle prescription label)

When my prescription is ready, please notify me by:

E-mail       Telephone       Both       Do not notify me

Phone Number \_\_\_\_\_

(where you wish to be contacted)

E-Mail Address \_\_\_\_\_

(if you prefer e-mail notification)

By electing notification, I understand that the Giant Eagle pharmacy will contact me by telephone or e-mail, as I elect, when my prescription is ready. The notification will include the prescription number of my medication.

1. Rx Number

(print number as it appears on your prescription label)

Medication Name \_\_\_\_\_

2. Rx Number

(print number as it appears on your prescription label)

Medication Name \_\_\_\_\_

3. Rx Number

(print number as it appears on your prescription label)

Medication Name \_\_\_\_\_

Giant Eagle Pharmacy \_\_\_\_\_

(location where you will pick up your prescriptions)

By completing and submitting this form to Giant Eagle pharmacy, I am requesting enrollment in the Refills On Time service and have read & understand this Refills On Time brochure. I am also authorizing Giant Eagle pharmacy to call my physician for a renewal if no valid refills remain on my prescription.

Patient's Signature \_\_\_\_\_ Date \_\_\_\_\_

Giant Eagle reserves the right to discontinue this service.