

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 Low Cost Meds Company, patients must first create a user account. To get started, please visit: <https://lowcostmeds.com/create-account/>

Step 2: Provide patient information

Email Address <small>Required</small>				<i>The email address associated with the Low Cost Meds user account</i>	
Last Name		First 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"/> Female <input type="radio"/> Male			
Healthcare Provider Name			Healthcare Provider Phone		

Step 3: Share this form and the prescription drugs you'd like us to fill

1. Look for the drugs on the Low Cost Meds site you'd like your doctor to prescribe at <https://lowcostmeds.com/medications/>
Please note we are unable to fill any prescriptions drugs not on our website.
2. After talking to your doctor, send this form and request the prescriptions.
3. Write the names of the drugs you would like prescriptions for below, and tell your doctor:

FOR PROVIDERS

Step 4: Providers: Please Submit Electronic Prescriptions to:

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**Perform pharmacy search for:
"Low Cost Meds"**

NCPDP ID: 2820492

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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