PINNACLE RxSolutions

PRxS King's Pharmacy & Compounding Center
MAIL ORDER REGISTRATION FORM

King's Pharmacy & Compounding Center

Please email completed form to irvine@kingspharma.com or fax to 949-387-0784 or mail to King's Pharmacy & Compounding Center: 17500 Red Hill Ave, Suite #250, Irvine, CA 92614. You can also contact King's Pharmacy via telephone at (949) 387-0780.

Urgent Request: Yes ◯ **No** ◯ Which Cardholder Are You? Select One

Last Name First Name Initial Date of Birth

Billing Address City State Zip Code

Shipping Address (If different than Billing Address) City State Zip Code

Member ID # Email Address

Home Phone Cell Phone

Provider Name Provider Phone #

Please list Medication Name(s) and Strength

1)
2)
3)
4)
5)
6)

Please list any known drug allergies.

1)
2)
3)
4)
5)
6)

Signature Date