

Online Profile And Refill System Enrollment Form

Account Owner's Name:		Date of Birth/				
Address:		City, St	ate, Zip		Phone	
Email Address:						
	(valid email address required to sign in)					
Patients to view online:						
Name	Date of Birth	Relati	onship	Legal Acce	ss to Records	?
		SEI	LF	YES	NO	
				YES	NO	
				YES	NO	
				YES	NO	
				YES	NO	
				YES	NO	
wish to enroll in Ladd Family Pharmacy's Online Profile and Refill System. I understand that I take full responsibility for any access to my online account as Ladd Family Pharmacy, its employees, and subsidiaries have no access to my password. I will take the proper precautions to protect and safeguard my account. If I have requested access to the records of another individual I attest that I am a legal guardian of said individual and/or have Power of Attorney. I understand that to access these records and not be the legal guardian of said individual that I am in violation of the law. I also understand the Privacy Practices of Ladd Family Pharmacy and believe they will make every reasonable effort to protect my information. Ladd Family Pharmacy will not sell, rent, or otherwise distribute any of my information. I do understand that I may receive periodic email as long as I use the service from Ladd Family Pharmacy.						
Enrollee Signature	Addition	al Enrollee	Signature			
Enrollee Printed Name	Addition	al Enrollee	Printed Name	:		
(Each individual applying for enrollment MUST appear in person with a valid state identification.						
We take your privacy very seriously.)						
Other Notes:						



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I love the online prescription refill system at Ladd Family Pharmacy! It makes it so easy to see if I have refills left. If not, I know I need to call the doctor before I request a refill. I love it!

-Angela G.

I have to be honest, I was surprised to find out that a locally-owned pharmacy could have something as cool as online prescription refills. Thanks Ladd!



-Maxwell D.



My owner listed me as a dependent when she enrolled in Ladd's online prescription refill service, so she can refill my meds too. What a great idea!

-Sophie

Request refills from the comfort of home without using the phone!

See the status of your refill request—real time!

Print reports showing your yearly expenditures. Print a medication list to take to your next doctor visit.

See when your next prescriptions are due.



Request refills from a web enabled mobile device such as your mobile phone or MP3 player with the **Rx2Go app**.

Requests are placed INSTANTLY in our technicians "queue" to be filled.

NO MORE BUSY SIGNALS WHEN TRYING TO CALL IN A REFILL!

HOW TO ENROLL

- 1. Complete the form on the other side of flyer and turn in to pharmacy with a copy of your picture ID.
- 2. "CREATE AN ACCOUNT" at refill.laddfamilyrx.com
 (Steps 1 and 2 can be done in any order.)
- 3. Watch for an email that tells you your account is set up.

COMMON QUESTIONS

How much will this service cost? There is no fee for this service. It is simply a value added service from Ladd Family Pharmacy!

Is the website secure? We use SSL AES-128 bit encryption, a highly accepted form of security on the internet. Our site is HIPAA compliant in regard to protecting your information.

How do I sign up? Use the form on the back of this flyer. Next you will go to **refill.laddfamilyrx.com** and click Create Account. As a security measure we will verify new accounts with the enrollment forms.

More questions? Please ask one of our customer care representatives or email: laddrx@gmail.com.