

# AUTOMATIC REFILL AUTHORIZATION

## ALLERGY ASSOCIATES OF LA CROSSE

2727 Midwest Drive | Onalaska, WI 54650-6758

FAX: (608) 782-6172 | lacrosseallergy.com



Please fill out the below information and mail or fax back to us.

PATIENT NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_

STREET \_\_\_\_\_ APT # \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PRIMARY PHONE \_\_\_\_\_

- I authorize Allergy Associates of La Crosse to enroll me in the Automatic Refill Program. Signing up for this program ensures that I will receive a new set of drops, custom formulated for me, approximately every 90 days. I understand that once the drop order has been processed and sent to me, I will be billed for the drops. If I decide to cancel my participation in this program at any time, I will contact Allergy Associates of La Crosse to inform them of my decision.
- Cancel my enrollment in Allergy Associates of La Crosse's Automatic Refill Program.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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## WANT TO SAVE 5% ON YOUR ALLERGY DROPS?

Leave your Visa, MasterCard, or Discover card on file with our Credit Card Processor to receive a 5% discount on future drop orders. We'll automatically charge your card on the day we send out your order. If your card is not currently on file for drop orders and you would like it to be, contact us at (800) 950-9740 ext. 258, or check the box below and we'll contact you.

- Please call me regarding having my card on file for future drop orders.
- Phone number to call: \_\_\_\_\_