



INTERNAL MEDICINE OF ARIZONA  
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SUITE 122  
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PH: 602.522.1900 | FAX: 602.381.3281

## MAIL ORDER PRESCRIPTION POLICY

Because of the increased demand for MAIL ORDER PRESCRIPTION requests, we ask that you mail or fax to our office a list of prescriptions you are requesting complete with dosage and directions.

Your current prescription package should contain all the information you will need.

Your prescription will be written and signed by the doctor and returned to you by mail or you can pick up from the office.

The time to process once the office has received your request will be approximately 10 working days. Please allow adequate time for our staff to process your request and for you to receive your medication from your vendor.

**DO NOT WAIT UNTIL YOU ARE ABOUT TO RUN OUT OF YOUR MEDICATION TO REQUEST YOUR PRESCRIPTIONS!**

We receive hundreds of these requests and we are sorry for any inconvenience but this is necessary in order to process all the requests we receive.

Thank you!