

ElectRx 2-step Activation Form



AN EARLY COLLEGE DISTRICT
BROWNSVILLE
INDEPENDENT SCHOOL DISTRICT



Step 1A

FIRST NAME	M.I.	LAST NAME
MAILING ADDRESS		DATE OF BIRTH
CITY	STATE	ZIP
PHONE NUMBER		
EMAIL	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
Any allergies to any medication: <input type="checkbox"/> YES <input type="checkbox"/> NO		
Any medication you are currently taking (only the name): <input type="checkbox"/> NONE		
<i>I authorize BISD and/or SIG to submit my information to ElectRx for account activation. I will be responsible for informing my physician to fax the new prescription to 833-353-2879.</i>		
EMPLOYEE SIGNATURE	DATE	

Step 1B

Email form to info@electrx.com

Other options for you to activate your ElectRx account:

- Contact **ElectRx** through the Clara mobile app
- Call **ElectRx** at **1-855-353-2879**

Step 2 Prescription Information

Your doctor can **fax** a 90-day script, with three refills, to **1-833-353-2879** or email prescription to info@electrx.com

- Make sure you have at least 3 weeks of medication on hand when setting up the initial fill.