

**DIRECTIONS FOR PIONEER RX ONLINE REFILLS**

STEP 1:

### Refill Information

**Pharmacy Location \***  
Please select a location ▼

**Rx Number \***

**Patient Last Name \***

**Patient Phone Number \***

**Patient Date of Birth \***

**Email Address**

\* Required Fields

**CSKT ST IGNATIUS HEALTH CENTER** cg-IC  
308 MISSION DR  
SAINT IGNATIUS, MT 59665-6676 **(406) 745-2426**

**Rx#: 104118288** DF: 10/05/2017

**MCQUEEN, LIGHTNING** 12/13/2014  
D SNEY LAND SAINT IGNATIUS, MT 59665

**TAKE FIVE ML'S BY MOUTH AS NEEDED**

Do Not Use After: 10/05/2018 N/g Per  
REFILL (05) TIMES AT 120 UNTIL 10/05/2018 CSKTU  
Qty: 120 Tow Mater PharmD

**IBUPROFEN 100 MG/5 ML SUSP**  
INDICATED FOR PAIN

Do not give this drug to any person other than patient for whom prescribed.

STEP 2:

By selecting Next, you agree to the Terms Of Use below:

Effective: May 12, 2017

**New-Tech Computer Systems, Inc.**

**Website Terms of Use**

Last Modified: May 12, 2017

Acceptance of the Terms of Use

These terms of use are entered into by and between You and New-Tech Computer Systems, Inc., dba PioneerRx ("Company", "our", "we" or "us"). The following terms and conditions, together with any documents they expressly incorporate by reference (collectively, these "Terms of Use"), govern your access to and use of PioneerRx.com, RxLocal.com including any pharmacy website hosted as part of RxLocal, and PharmacySoftwareReviews.com including their mobile sites and any content, functionality and services offered on or through these sites (the "Website" or "Websites"), whether as a guest or a registered user.

Please read the Terms of Use carefully before you start to use the Websites. **By using our Websites or by clicking to accept or agree to the Terms of Use when this option is made available to you, you accept and agree to be bound and abide by these Terms of Use and our Privacy Policy, found [here](#), incorporated herein by reference.** If you do not want to agree to these Terms of Use or the Privacy Policy, you must not access or use our Websites.


Our Websites are offered and available to users who are 18 years of age or older and reside in the United States.

STEP 3:

### View Refills

#### Refills Remaining

Select any prescriptions you would like to refill below:



Select	Drug	Rx #	Last Filled	Refills Remaining
<input checked="" type="checkbox"/>	ibuprofen 100 mg/5 mL oral suspension	104118288	10/05/2017	5
<input type="checkbox"/>	Coumadin 2 mg tablet	104119768	09/27/2017	5

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#### Recently Requested Refills

It is too soon to request refills for the prescriptions below.


Drug	Rx #	Request Submitted	Available for Refill
lisinopril 5 mg tablet	104120183	11/02/2017	11/28/2017

STEP 4:

### Pickup Time Selection

When would you like to pickup your prescriptions?

November 2017						
S	M	T	W	T	F	S
29	30	31	1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	1	2
3	4	5	6	7	8	9



Time Picker	
4:00 PM	5:00 PM
4:30 PM	5:30 PM

Selected Date/Time:  
**11/13/2017 4:00 PM**

STEP 5:

### Review Order

Please review the following information. To change anything please use the Previous button at the bottom.

**Once you select Submit, you cannot change your selections.**

Patient Name: **Lightning McQueen**

Receipt Method: **Pickup**

Estimated Pickup Time: **Monday, November 13, 2017 at 4:00 PM \***

Pickup Location: **CSKT St Ignatius Health Center  
308 Mission Dr  
Saint Ignatius, MT 59865-9676**

Items to refill:

Drug	Rx #	Last Filled	Auto Refill
ibuprofen 100 mg/5 mL oral suspension	104118288	10/05/2017	No

Comments:

\* The date/time shown is an estimate of the availability of your prescription. It is not a guaranteed time nor does it hold the pharmacy responsible for making it available at that time.

STEP 6:

### Receipt

Your refill request has been successfully submitted to the pharmacy. Please print the information below and keep for your records. The information below has been submitted to the pharmacy, which will attempt to have the prescriptions ready at the requested time supplied.

Tracking Number: **1752706**

Patient Name: **Lightning McQueen**

Receipt Method: **Pickup**

Estimated Pickup Time: **Monday, November 13, 2017 at 4:00 PM \***

Pickup Location: **CSKT St Ignatius Health Center  
308 Mission Dr  
Saint Ignatius, MT 59865-9676**

Items to refill:

Drug	Rx #	Last Filled	Auto Refill
ibuprofen 100 mg/5 mL oral suspension	104118288	10/05/2017	No

Comments:  
Thanks!

\* The date/time shown is an estimate of the availability of your prescription. It is not a guaranteed time nor does it hold the pharmacy responsible for making it available at that time.