

Fax 1-800-491-7997

5510

- Physician, please provide:
- Complete patient information
 - Complete prescription information
 - 90 day supply is preferred

Customer service phone number: 1-800-562-6223
Physician's line: 1-800-791-7658

Note: Schedule II medications cannot be faxed
This is not a valid prescription in Arizona.

1. Patient information						
Last name		First name		MI	Gender OM OF	
Date of birth (mm/dd/yyyy)		Insurance ID number		Phone number with area code		
Delivery address					Apt. #	
City		State	ZIP	Alternate phone number with area code		
Drug allergies		Health conditions		Heart condition		
<input type="checkbox"/> Cephalosporins <input type="checkbox"/> Penicillin <input type="checkbox"/> Sulfa <input type="checkbox"/> Codeine <input type="checkbox"/> None known		<input type="checkbox"/> Quinolone <input type="checkbox"/> Erythromycin <input type="checkbox"/> Tetracycline <input type="checkbox"/> Ampicillin <input type="checkbox"/> Aspirin		<input type="checkbox"/> Asthma <input type="checkbox"/> Cancer <input type="checkbox"/> High blood <input type="checkbox"/> Osteoporosis <input type="checkbox"/> Arthritis		<input type="checkbox"/> Heart condition <input type="checkbox"/> Others
2. Physician and prescription information – physician to complete this section						
Medication (Strength, dosage form and formulation)			Medication (Strength, dosage form and formulation)			
Directions			Directions			
Quantity Refills: <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> Other _____			Quantity Refills: <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> Other _____			
Dispense as written: <input type="checkbox"/> Yes:			Dispense as written: <input type="checkbox"/> Yes:			
Physician's name			NPI		DEA	
Street						
City			State		ZIP	
Phone			Date			
Signature				Date		

Sign and fax back to: 1-800-491-7997

[alt fax: 1-760-476-0406]

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