



Pharmacy - Order Fax Form

FAX TO: (866) 694-2555

CUSTOMER SERVICE: (888) 910-6569

PATIENT INFORMATION


Language preference: _____

NAME _____ DATE OF BIRTH _____
PHONE# _____ CELL PHONE# _____ EMAIL _____
ADDRESS _____ APT/SUITE _____
CITY _____ STATE _____ ZIP CODE _____
CURRENT MEDICATIONS TAKEN _____
MEDICAL CONDITIONS _____
KNOWN ALLERGIES _____

PHYSICIAN INFORMATION

NAME _____
DEA# _____ NPI# _____
ADDRESS _____
CITY _____ STATE _____ ZIP CODE _____
PHONE# _____ FAX# _____
PHYSICIAN CONTACT _____ CONTACT PHONE# _____

PRESCRIPTION INFORMATION

DRUGS/STRENGTH	INSTRUCTIONS	QTY	REFILLS
 LOVAZA omega-3-acid ethyl esters		60	0

PHYSICIAN SIGNATURE _____ DATE _____

For e-PRESCRIBING, please use the following information for processing requests through your system:

NAME: Transition Pharmacy, LLC

Pharmacy type: Retail

CITY: Feasterville-Trevose **STATE:** PA

ZIP: 19053

NPI#: 1336325265

NCPDP #: 3989603

There is no additional cost to the patient or physician for this service.