Woodward Direct

ProModRx

Phone: (888) 477-7080 • Fax: (844) 470-2480

Prescription Information and Enrollment Form

Please see bottom of page for E-Prescribing instructions

PATIENT INFORMATION (REQUIRED)			
First Name:	Last Name:	Date of Birth: Gender: ☐Female ☐Male	
Cell Phone:	Home Phone:	Email:	
Preferred Method of Contact: ☐ Phone Call ☐ Text ☐ Email			
Address:	City:	State:	Zip:

PRESCRIBER INFORMATION (REQUIRED)			
First Name:	Last Name:	NPI:	
Phone:	Fax:	Email:	
Address:	City:	State:	Zip:
Prior Auth Coordinator:	Email:		
Phone:	Ext:	Fax:	

PATIENT DIAGNOSIS (REQUIRED)	
ICD-10 Code:	Allergies:
Diagnosis:	
New to Therapy: ☐ Yes ☐ No, Start Date of Current Therapy: _____	

PRESCRIPTION INFORMATION (REQUIRED)		
Rx: LOVAZA 1gm Capsule		
Quantity:	90-Day Supply	Refills:
Directions:		
Prescriber Signature:		**Date:**

E-PRESCRIBE (PHARMACY LOOK-UP INFO)	
Pharmacy:	ProCare Pharmacy Care
NPI:	1427160357
NCPDP:	1098121
Address:	2650 SW 145th Ave, Miramar, FL 33027-6606

OTHER METHODS OF SUBMITTING AN RX	
Fax:	(844) 470-2480
Verbal:	(888) 477-7080