PATIENT ORDER FORM

Patient Information

DATE: ___________

Patient Name : ___________

DOB: ___________ Gender: ______

Phone: ___________ Cell: ___________

Email: ___________

Address: ___________

City: ___________ State: _____ Zip: ___________

Notes: ___________

Practice Name: ___________

Prescriber: ___________

NPI: ___________ DEA: ___________

Prescriber: ___________

NPI: ___________ DEA: ___________

Phone: ___________

Fax: ___________

Adddress: ___________

City/State/Zip: ___________

Email: ___________

☐ Patient will pick up at Texas Star Pharmacy

☐ Pharmacy to call patient to arrange delivery

☐ Deliver to Physician's Office

PATIENT ORDER

Drug: ___________

Strength: ___________

Qty: ___________

Sig: ___________

Refills: ___________

Drug: ___________

Strength: ___________

Qty: ___________

Sig: ___________

Refills: ___________

Drug: ___________

Strength: ___________

Qty: ___________

Sig: ___________

Refills: ___________

Drug: ___________

Strength: ___________

Qty: ___________

Sig: ___________

Refills: ___________

Prescriber Signature: ___________ Date: ___________

To E-Prescribe, please search Texas Star Pharmacy in the database.
To avoid delays, make sure to include all patient/insurance information on EScript.

Phone (972) 519-8475 (Fax) 972-519-8477

3033 W. Parker Rd., #100 • Plano, Texas 75023

www.texasstarpharmacy.com • pharmacist@texasstarpharmacy.com