



Contact Form/ Refill Request

www.americarecompounding.com - Phone: (516) 292-5141 Fax: (516) 292-5154

Patient Information:

<i>First Name:</i>		<i>Last Name:</i>	
<i>Date of Birth:</i>		<i>Phone Number:</i>	
<i>Address:</i>			
<i>City:</i>		<i>State:</i>	<i>ZIP:</i>
<i>Best Time to Contact:</i>			

Medication Information:

<i>Medication (Name, Quantity, Directions, Notes):</i>	
<i>Refill Number (if Applicable):</i>	

Prescribing Physician (if Applicable):

<i>Name:</i>		<i>NPI#:</i>	
<i>Phone Number:</i>		<i>Fax Number:</i>	
<i>Address:</i>			
<i>City:</i>		<i>State:</i>	<i>ZIP:</i>

Transferring Pharmacy (if Applicable)

<i>Name:</i>			
<i>Phone Number:</i>		<i>Fax Number:</i>	
<i>Address:</i>			
<i>City:</i>		<i>State:</i>	<i>ZIP:</i>

Print and fill out this form, then fax it to (516) 292-5154.

If you have any questions call (516) 292-5141.

Americare Compounding can only accept original prescription drug orders from patients, faxed prescriptions can be accepted only from the prescribing practitioners