NEWPORT LIDO PHARMACY
Phone: 949-764-6580
Fax: 949-764-6581
351 Hospital Road, Newport Beach, CA 92663
www.newportlidopharmacy.com

Prescription Request Form

INSTRUCTIONS

To E-Prescribe:
Newport Lido Pharmacy
351 Hospital Rd Ste 107
Newport Beach, CA 92663
Phone: (949) 764-6580
NPI: 1164550885

To Fax:
Please fax this form to (949) 764-6581

Questions:
Please call (949) 764-6580

PATIENT INFORMATION

Patient Name (First & Last): _____
Phone Number: _____ DOB: _____ SSN#_____
Patient Address: _____
City: _____ State: _____ Zip: _____

MEDICATION

☐ Invega Sustenna	☐ 39mg	☐ 78mg	☐ 117mg	☐ 156mg	☐ 234mg
☐ Invega Trinza	☐ 273mg	☐ 410mg	☐ 546mg	☐ 819mg	
☐ Haldol Decanoate	☐ 50mg	☐ 100mg	☐ 150mg	☐ 200mg	
☐ Abilify Maintena	☐ 300mg	☐ 400mg			
☐ Risperdal Consta	☐ 25mg	☐ 50mg			
☐ Aristada	☐ 441mg	☐ 662mg	☐ 882mg		

☐ _____

☐ _____

Need by Date:_____

SIG: _____
QTY: _____ REFILLS: _____

DIAGNOSIS: _____

PHYSICIAN CONTACT INFORMATION

Physician Name: _____ NPI: _____
Office Contact Name: _____ Phone Number: _____
City: _____ State: _____ ZIP: _____
Physician Signature: _____ Date: _____

INSURANCE

Insurance Name/Type: _____
RX BIN: _____ RX PCN: _____
Member ID: _____ RX GROUP: _____

If possible, kindly attach a copy of patient's health insurance and Rx coverage card ***AND*** a printout of patient demographic information.

Please fax completed form and patient insurance information to Newport Lido Pharmacy (949) 764-6581