



NEWPORT LIDO  
PHARMACY

Phone: 949-764-6580

Fax: 949-764-6581

# 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: \_\_\_\_\_

## PHYSICIAN CONTACT INFORMATION

Physician Name: \_\_\_\_\_ NPI: \_\_\_\_\_

Office Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

## MEDICATION

Drug Name: \_\_\_\_\_ Qty #: \_\_\_\_\_

Directions: \_\_\_\_\_

Refills: \_\_\_\_\_

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**