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

Newport Lido Pharmacy is currently participating in the HE Living Program, with support for patients and caregivers living with **Hepatic Encephalopathy (HE)**

PATIENT INFORMATION

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

MEDICATION

☐ Xifaxin 200mg ☐ Take 1 tablet by mouth twice daily.
☐ Xifaxin 550mg ☐ Take 1 tablet by mouth twice daily, for Hepatic Encephalopathy.
☐ Take 1 tablet by mouth three times daily.
☐ _____ Qty _____ Refills: 1 2 3 4 5 _____

☐ Uceris 9mg — Take 1 tablet by mouth every morning. — Qty ___30___ Refills: 1 2 3 4 5 _____

☐ Apriso 0.375gm — Take 4 capsules by mouth once daily. — Qty ___120___ Refills: 1 2 3 4 5 _____

DIAGNOSIS:
☐ Irritable Bowel Syndrome w/ Diarrhea
☐ Small Intestinal Bacterial Overgrowth
☐ Other _____
☐ Hepatic Encephalopathy
☐ Traveler's Diarrhea

PLEASE LIST ALL MEDICATIONS THAT PATIENT HAS TRIED AND FAILED:

1. _____ 2. _____ 3. _____

PHYSICIAN CONTACT INFORMATION

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

INSURANCE

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