



FAX COVER SHEET

Fax to: 718-323-9377 • Call to: 718-323-8377

1. Print all Info 2. Fax this Form, Prescriptions and Insurance 3. Call us to Confirm

Today's Date _____

Institute/Clinic/Hospital/Medical Office Name _____

Address _____

City, State, Zip _____

Phone _____ Ext: _____

Contact _____

Fax _____

Patient's Info

Telephone# _____ D.O.B. _____ SS# _____

Pharmacy Insurance - Rx Bin# _____ Group# _____ PCN# _____

Medicaid# _____ or Insurance ID# _____

First Name _____ Last Name _____

Address _____ Apt# / Floor _____

City _____ State _____ Zip _____ # of Prescriptions _____

Known Allergies? _____

Deliver to address above

Deliver to other

Patient will be home at: (Time?) _____

Delivery Logistics

Next Day **Same Day** **A.S.A.P Rush**

**Medication dispensed in bottles
unless otherwise indicated**

Special Instructions: