



Phone: 818-563-2120
Fax: 818-563-3011 or 818-563-2130

Form with fields for Patient Name, Today's Date, DOB, SSN, Prescriber, Home Phone, Work/Other Phone, Phone Number, Fax Number, Home Address, Address, Shipping Address, Office Contact Preference, Language Preference, and Ship to/CLASS.

Rx: ZEGERID

TAPE PRESCRIPTION HERE PRIOR TO FAXING OR COMPLETE THE FOLLOWING:

Form with checkboxes and instructions for: Short-Term Treatment for Active Duodenal Ulcer, Gastric Ulcer, Symptomatic GERD (with no esophageal erosions), Erosive Esophagitis, Maintenance of Healing of Erosive Esophagitis, and Reduction of Risk of Upper Gastrointestinal Bleeding in Critically Ill Patients.

Physician Signature: \_\_\_\_\_ DEA: \_\_\_\_\_