EPITOMERX

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EpitomeRx.com

PRESCRIPTION FAX

To: EpitomeRx Pharmacy	**Fax:** 626.631.6151 **Phone:** 626.631.6150	
From (practice)	Prescriber	
Office contact	Callback phone	
Office fax	Date	Pages, including cover

Comments

PLEASE INCLUDE ON EACH PRESCRIPTION

Patient

- ☐ Full name and date of birth
- ☐ Home address and phone number
- ☐ Allergies (or NKDA)

Medication

- ☐ Medication, strength, dosage form and base (if any)
- ☐ Directions, quantity and refills
- ☐ Reason for compounding

Prescriber

- ☐ Name, address and phone number
- ☐ License # and NPI
- ☐ DEA # (controlled substances only)
- ☐ Signature

Reason for compounding: for example, an allergy to an inactive ingredient, or a strength or dosage form that is not commercially available.

Controlled substances: send each one as a separate, signed prescription. Controlled substances can't be ordered on our checkoff order forms.

Confidentiality notice: This fax may contain protected health information. If you received it in error, please call 626.631.6150 and destroy all copies.