Fax to 949-551-1950

Order Date: ____/____/________ **Date Needed By/Date of Administration:** ____/____/________

Please allow for 72-hours turnaround time (3 business days) before order will ship. Incomplete order submissions may delay processing.

Prescriber Information (Required)

Prescriber Name: ____________________

DEA: ____________ NPI#: ____________

Center/Clinic: ____________________

Address: ____________________

____

City: ____________ State: ______ Zip: ______

Phone: (______) ______ - ______ Fax: (______) ______ - ______

Primary Contact: ____________________

Email: ____________________

***If there are multiple prescribers, use separate order form for each.**

Patient Information (Required)

Patient Name: ____________________

Birthdate: ____/____/________ Phone: (______) ______ - ______

Address: ____________________

____

Known Drug Allergies: ____________________

____

☐ No Known Drug Allergies (NKDA)

Patient Profile(s) or Block Schedule Attached: YES NO (circle one)

# of Patients*: ______

Paid by: ☐ Prescriber/Clinic ☐ Patient

Ship to: ☐ Prescriber/Clinic ☐ Patient

If you need a medication not listed, please contact us at **866-551-7195** (toll-free)

Medication and Strength	Size/Volume	Quantity	Refills

*Prescribers are reminded that state law allows patients to receive medications from a pharmacy of their choice

Order Submission

THIS FORM CONSTITUTES A PRESCRIBER'S ORDER/PRESCRIPTION WHEN SIGNED BY THE PRESRIBER.

Please FAX with cover sheet to ImprimisRx

949-551-1950

Authorized Prescriber's Signature

X ____________________

Please allow for 72-hours turnaround time (3 business days) before order will ship. Incomplete order submissions may delay processing.

# of Prescriptions ____________

Payment Information

IF NO CREDIT CARD ON FILE AND YOU ARE NOT CURRENTLY BEING INVOICED, PLEASE SUBMIT THE FOLLOWING:

Credit Card Number: ____________________ Expiration: ____/____ CVC Code: ______ Billing Zip: ______

This form is provided in an effort to improve patient safety.

Pursuant to VA/OH/MO/VT law, only 1 medication is permitted per order form. Please use a new form for additional items.