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Prescription Fax Form

- ☐ New Prescription
☐ Prescription Renewal



Fax 1-866-227-5928
Phone 1-866-331-6440

STEP 1 Complete all information in this section.

Patient Information

Patient Name: _____ Date of Birth: _____ / _____ / _____
Address: _____ Month Day Year
Telephone #: _____
Email Address: _____ Cell #: _____

HIPAA/Authorized Contact:

Name: _____

Telephone: _____

Gender: ☐ Male ☐ Female

Allergies: _____

Preferred

language: ☐ English ☐ Spanish ☐ Other: _____

Prescriber Information

Fill out the Prescriber's Information or insert a copy of the prescriber's business card here.

Name: _____

Telephone: _____

Fax: _____

Address: _____

NPI #: _____

(NPI # Required)

DEA #: _____

STEP 2 Fill in prescription information below.

- ☐ Metanx FC™ #180 (Take 1 PO BID) x 3 Refills
☐ Deplin FC™ 15 MG #90 (Take 1 PO QD) x 3 Refills
☐ Deplin FC™ 7.5 MG #90 (Take 1 PO QD) x 3 Refills
☐ Cerefolin Brain Wellness™ #90 (Take 1 PO QD) x 3 Refills
☐ NeevoDHA® #90 (Take 1 PO QD) x 3 Refills

☐ Notes: _____

X _____

(Stamps are not accepted. Signature required.)

Date: _____ / _____ / _____

STEP 3

Sign this prescription and fax to:

1-866-227-5928

- Fax from the prescriber's secure fax line.
- Cover sheet is not required.
- Incomplete forms will cause a delay in processing

OR

ePrescribe to:

Brand Direct Health® Pharmacy
5455 West Waters Avenue, Suite 214, Tampa, FL
33634 NCPDP/NABP ID: 5732323

Prescription Voicemail Line: 1-855-230-9478 • Customer Service Contact Line: 1-866-331-6440
Email: customerservice@branddirecthealth.com