

Health care information is personal and sensitive information. This communication and any attachments are intended solely for the use of Brand Direct Health® and contains confidential and legally privileged information. If you are not the intended recipient, any dissemination, distribution or copying is strictly prohibited. If you received this communication in error, please notify Brand Direct Health® by fax 1-866-227-5928 or by phone 1-866-331-6440.

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: _____ Gender: Male Female Preferred language:
 Name: _____ Allergies: Milk Soy English
 Telephone: _____ 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® #180 (Take 1 PO BID) X 3 Refills
 Deplin® 15 MG #90 (Take 1 PO QD) X 3 Refills
 Deplin® 7.5 MG #90 (Take 1 PO QD) X 3 Refills
 CerefolinNAC® #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
 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