BANK'S APOTHECARY
Specialty Pharmacy

Phone: 215-494-9403
Fax: 215-357-2129
sam@banksapothecary.com
3800 Horizon Blvd., Suite 103, Trevose, PA 19053

Please note: Banks Apothecary can accept only original prescription drug orders from patients.
Faxed prescriptions can be accepted only from the prescribing practitioners.

PATIENT INFO			PRESCRIBER INFO		
Last Name, First Name	SSN		Today's Date	DEA #	
Date of Birth			Prescriber Name	NPI #:	
Home Phone Number	Other Phone Number		Address	City, State	Zip
Home Address	City, State	Zip	Phone Number	Fax Number	
Shipping Address (if different from home address) Licensed to practice and ship to: DE/PA/MD/NJ/NY/VA			**Office Contact** Prefers: ☐ Fax ☐ Phone		

INSURANCE		
Rx ID		
RXGRP#	RXBIN#	RXPCN#
Rx ID (if secondary insurance)		
RXGRP#	RXBIN#	RXPCN#

COMPLETE OR FAX FRONT AND BACK COPIES OF INSURANCE, PRESCRIPTION AND/OR CO-PAY ASSISTANCE CARD(S)

CLINICAL INFORMATION

Please provide any drug allergies (if applicable):

ATTACH PRESCRIPTION HERE

Rx

DRUG:

SIG:

REFILLS:_____ QTY TO DISPENSE:_____ SHIP TO: HOME☐ OFFICE☐

Prescriber Signature: DATE:_____/_____/_____