

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)			Office Contact Prefers: __Fax__ Phone		
INSURANCE					
Rx ID					
RXGRP#		RXBIN#		RXPCN#	

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

When is the Patient due for the injection?

CLINICAL INFORMATION

Please provide any drug allergies (if applicable):

Diagnosis code:

ATTACH PRESCRIPTION HERE

Rx

DRUG:

SIG:

REFILLS: _____

QTY TO DISPENSE: _____

SHIP TO: HOME__ OFFICE__

Prescriber Signature:

DATE: ____/____/____