

## Patient Initiated Prescription Request

Prescriber Line: 877- 269-1159 Prescriber Fax: 877-395-4836

### Patient Information

Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Patient's Phone: \_\_\_\_\_ Insurance ID# \_\_\_\_\_

\* Allergy Information: \_\_\_\_\_

### Medication Information

Medication Name & Strength: \_\_\_\_\_

Quantity: \_\_\_\_\_ \*NoviXus is a Mail Order Pharmacy that provides 90 days supplies for maintenance medications

Sig Code: \_\_\_\_\_

\_\_\_\_\_

Refills: \_\_\_\_\_

\*NoviXus will substitute all brand name medications with a FDA-approved generic equivalent when available unless otherwise indicated. A product selection penalty may be applied to brand when a generic is available.

DAW: Yes\_\_\_\_ or No\_\_\_\_

### Prescriber Information

Prescriber's name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

DEA #: \_\_\_\_\_ NPI #: \_\_\_\_\_

Signature of Prescriber: \_\_\_\_\_ Date: \_\_\_\_\_