



Prescription Order Form

|3 Ways to Submit Rx's|

Fax:
(818) 789-2711

Phone:
(800) 227-2111

Mail:
18653 Ventura Blvd Ste. 139
Tarzana, CA 91356

|We Make Everything Easier|

We also accept substitute
Prescription Order Forms.

If you would like a
confirmation by phone or email,
please check a box below.

Email Phone

Patient Information

Name _____ Rx Needed By _____

Delivery Location / Notes _____

Physician Information

Physician Name _____ DEA _____

Contact Person _____ Phone / Email _____

Address _____

Rx Name & Strength	Qty	Sig	Refill
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___ Do Not Substitute (check box and initial)

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|Note|

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Signature _____

Date _____