PrescribeIT Rx

10749 Marks Way
Miramar, FL 33025
Phone: (800) 526-1490 Fax: (800) 526-1491

PRESCRIPTION FAX FORM

Patient Information			
Name:			Date:
Delivery Address:			
Phone:	DOB:	❒ Male	❒ Female
Health Plan:	Member ID:	Drug Allergies:	

Drug Name/Strength:_____ Quantity:_____ SIG:_____ Refills_____	Drug Name/Strength:_____ Quantity:_____ SIG:_____ Refills_____
Drug Name/Strength:_____ Quantity:_____ SIG:_____ Refills_____	Drug Name/Strength:_____ Quantity:_____ SIG:_____ Refills_____

Physician Information			
Name:			
Address:			Suite#:
Phone:	Fax:	DEA:	NPI:
Signature:			

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