



# PHARMACY

## RX FAX SHEET

32675 Temecula Pkwy Ste B

Temecula, CA 92592

Ph: (951)303-8300 ~ Fax: (951)303-8322

Patient Name \_\_\_\_\_

DOB \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

Deliver

Pick up

Insurance Name \_\_\_\_\_

ID # \_\_\_\_\_

Group # \_\_\_\_\_

SS# \_\_\_\_\_

DX \_\_\_\_\_

# RX

# Refills    1    2    3    PRN

Special Instructions:

\_\_\_\_\_  
\_\_\_\_\_

Authorized Signature

\_\_\_\_\_

Office Contact # \_\_\_\_\_

Date \_\_\_\_\_

Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

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

DEA# \_\_\_\_\_ Lic. # \_\_\_\_\_ NPI# \_\_\_\_\_