

EpitomeRx, Inc.
140 E Santa Clara St, Ste 23
Arcadia, CA 91006
Phone: 626.631.6150 | Fax: 626.631.6151



FAX

To: EpitomeRx, Inc.

From: _____

Fax: 626-631-6151

Fax: _____

RE: Patient Compounded Prescription

Phone: _____

Date: _____

pages: _____

Comments: _____

Be sure that you've included the following for each prescription:

- Patient's full name
- Patient's home address
- Patient's phone number
- Patient's DOB
- Patients allergies
- Medication, strength, detailed instructions for use, quantity, # of refills
- Prescriber license #
- Prescriber NPI #
- Prescriber DEA #
- Signature from licensed prescriber

Confidentiality Notice: This fax may contain protected health information (PHI). If received in error, please notify the sender and destroy immediately.