Faxed prescriptions will only be accepted from a prescribing practitioner. Patients must bring an original prescription to the pharmacy

Pharmacy Phone: (866) 213-9821



AccuPAC Enrollment Form

Fax: (877) 526-8823

Single Point of Contact: (800) 727-3583

Start Date:	Ship to :	Patient		Other
	Ma	<i>le / Female</i> D	OB:	
Phone #:_	Alt	: Phone #:		
	Allergies:			
BB =Before E	Breakfast = 4am-5:59am	M =Morning	g = 6am-11:5	
			· ·	Refills
- Cu ongui	Directions (se openi		Quantity	rtonno
	Office Co	ntact:		
	email Contact email: _			
	DLA			
	n agent to initiate and execute the insurance	prior authorization proces	S (NO STAMPS)	
	Phone #:_ e fax recent clinical not Please write BB=Before E E=Evening = Strength			BB=Before Breakfast = 4am-5:59am E=Evening = 5pm-7:59pm B=Bedtime = 8pm-11:5 Strength Directions (be specific) Quantity Office Contact: hone _ fax _ email Contact email: _

5. Insurance Information Please fax a copy of insurance card front and back. Enlarge if possible.