

**Patient Information**

<b>Last Name</b>		<b>Middle Name</b>		<b>First Name</b>	
Address			City		State
SSN			DOB	Home Phone	Cell Phone
Allergies				Diagnosis	
Insurance Provider					
ID		Group Number		BIN	PCN
<b>Deliver To</b>	<input type="radio"/> Patient's Home <input type="radio"/> Prescriber's Office <input type="radio"/> Patient Will Pickup <input type="radio"/> Initial to Prescriber, then Patient's Home				

**Prescriber Information**

<b>Name</b>		Practice	
<b>Phone Number</b>		NPI	
<b>Send Updates To</b>	<input type="radio"/> Email <input type="radio"/> Phone		<input type="radio"/> Fax

**Prescription Order**    **E-Prescribing:** Use NCPDP: 5715264 and NPI: 1710228085 (Solera Specialty Pharmacy)

Medication	Strength	Sig	Qty	Refills

Vitamins & Supplements				
<input type="radio"/> Thera M Multi Vitamin				
<input type="radio"/> Vitamin B Complex				

Prescriber's Name	Signature	Date
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I authorize the pharmacy to enroll the patient in manufacturer and third party programs which may provide additional benefit to myself related to the patients prescribed drug therapy. Furthermore, I authorize the pharmacy to disclose the minimum necessary information required to enroll the patient in such programs, and coordinate benefits as deemed necessary by the pharmacy for final delivery of the product.