



PHARMACY ORDER FAX FORM

FAX TO: (866) 694-2555
CUSTOMER SERVICE PHONE:
1-844-368-3721 (1-844-ENTERA1)

PATIENT INFORMATION

PLEASE INCLUDE COPY OF FRONT & BACK OF PRESCRIPTION INSURANCE CARD

NAME: _____ DATE OF BIRTH: _____
CELL PHONE #: _____ ALTERNATE #: _____
ADDRESS: _____ APT/SUITE: _____
CITY: _____ STATE: _____ ZIP CODE: _____
EMAIL ADDRESS: _____
ANY KNOWN ALLERGIES: _____

PHYSICIAN INFORMATION

NAME: _____
DEA #: _____ NPI #: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
PHONE #: _____ FAX #: _____
OFFICE CONTACT: _____ CONTACT PHONE #: _____
PHYSICIAN EMAIL: _____

DRUG/STRENGTH	INSTRUCTIONS	QTY	REFILLS
EnteraGam®			

PRESCRIPTION INFORMATION

Physician Signature: _____ Date: _____

For e-PRESCRIBING, please use the following information for processing requests through your system:

Name: Transition Pharmacy, LLC **Pharmacy type:** Retail
City: Feasterville-Trevose **State:** PA **Zip:** 19053
NPI #: 1336325265 **NCPDP #:** 3989603

There is no additional cost to the patient or physician for this service.



****PLEASE NOTE: PHARMACY LAW REQUIRES FAXED PRESCRIPTIONS TO BE SENT FROM A PRESCRIBER'S OFFICE ONLY. NO PRESCRIPTIONS FAXED BY PATIENTS WILL BE ACCEPTED****