Binosto® (alendronate sodium) effervescent tablet for oral solution 70 mg

PHARMACY ORDER FAX FORM

FAX TO: 866-694-2555

Mission Rx Support Program

PHYSICIAN INFORMATION

NAME: _____

DEA #: _____ **NPI#**: _____

ADDRESS: _____

CITY: _____ **STATE:**_____ **ZIP:** _____

PHONE #:_____ **FAX #:** _____

OFFICE CONTACT:_____ **CONTACT PHONE#:**_____

PHYSICIAN EMAIL:_____

PRESCRIPTION INFORMATION

ANY KNOWN ALLERGIES:_____

DRUG/STRENGTH	INSTRUCTIONS	QTY	REFILLS
BINOSTO 70MG			

Physician Signature_____ ***Date***_____

PATIENT INFORMATION

PLEASE INCLUDE COPY OF FRONT & BACK OF PHARMACY INSURANCE CARD

NAME:_____ **PHONE #:** _____

ADDRESS: _____ **DATE OF BIRTH:** _____

CITY: _____ **STATE:**_____ **ZIP CODE:**_____

LAST FOUR DIGITS OF SOCIAL SECURITY #:_____

(USED FOR INSURANCE VERIFICATION PURPOSES ONLY)

Patient Enrollment Authorization

I hereby authorize any insurer, public or private, hospital, physician or other healthcare provider to disclose to Transition Pharmacy, LLC (TPS) and its agents all medical information, financial and insurance information and other personal identifying information for the purpose of my participation in the pharmacy delivery service. I also authorize TPS and its agents to disclose all such information to any person or entity listed above for the purpose of my participation in this program. I understand that any information that reveals my identity will not be used for any purpose other than that described above, unless I give written consent. I authorize TPS to use my Social Security number for identification purposes and record keeping only. I verify that all information provided herein is complete and accurate. I have read, understand, and agree to all of the above.

_____ _____

Patient Signature **Date**

PHYSICIAN OFFICE INFORMATION

FAX FORM TO TRANSITION PHARMACY, LLC: (866) 694-2555

CUSTOMER SERVICE #: (877) 460-4611

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

Name: Transition Pharmacy, LLC

Pharmacy type: Retail State: PA NPI #: 1336325265

There is no Additional Cost to the Patient or Physician for this service