

Rosh Pharmacy- Medication Order Form

NPI: 1316481880

Patient Name		DOB	
Address			
Phone Number		Allergies	

Please complete this form and fax WITHIN 24 HOURS to fax number: (832) 939-3560. You may also call the pharmacy directly to approve the prescription verbally to (832) 939-3550.

Doctor Name		NPI:	
Address			
Phone		Fax	

Omega 3 Ethyl Esters 1GM

Qty: 360 Capsules (90-day supply)

SIG: Take 2 capsules by mouth twice daily.

Refills Authorized: _____

The above information is true, accurate and complete to the best of my knowledge. I confirm that the patient has the diagnosed condition is/was being treated by me and is able to use the ordered items. The medical records for this patient substantiate the prescribed medication. The patient or caregiver is able to follow instructions and is able to use the ordered items. Per Medicare/insurance requirements, I will maintain a copy of this order in the patient's medical record. I agree to provide copies of supporting medical records as requested for insurance review. Provider also agrees that the rights of the patient to freedom of choice have been upheld

Physician's Signature _____	Date _____
Physician Name (Printed): _____	NPI: _____
Physician Assistant Name (If applicable): _____	