1270 University Ave, San Diego, CA 92103
Phone 619-501-5888 • **Fax** 619-501-6888

Rx FAX SHEET

MONTH / DAY / YEAR

Patient Name ______________________________

DOB ______________________ Phone # ______________________

Address ______________________________

City ______________ State ______________ Zip ______________

☐ Deliver ☐ Pick Up

Insurance Name ______________________ ID # ______________________

Group # ______________________ SS # ______________________

DX ______________________________

Rx

Refills ☐ 1 ☐ 2 ☐ 3 PRN ______________________

Special Instructions ______________________________

____

Authorized Signature ______________________________

Office Contact # ______________________________

Name ______________________________

Address ______________________________

City ______________ State ______________ Zip ______________

Phone ______________ Fax ______________________

DEA # ______________ Lic # ______________ NPI # ______________