

Fax



To: Primera Professional Pharmacy
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F: 346-321-4500

From: _____

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Person Faxing: _____

Number of Pages: _____ Date: _____

Comments: _____

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PROTECTED HEALTH INFORMATION

BUSINESS CONFIDENTIAL INFORMATION

Be sure that you've included the following for each prescription:

- Patient's full name
- Patient's home address (even if we are shipping to medical office)
- Patient's phone number *Note that we will only call the patient if we are shipping the prescription directly to them.
- Patient's DOB
- Patient's known drug allergies
- Detailed instructions for use
- Signature from a licensed prescriber

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