



FAX: 1-844-697-9222
Customer Service: 1-844-774-6871

Free Delivery

M-F: 9am-8pm EST
Sat: 9am-1pm EST

PATIENT INFORMATION

Name (Required): _____ Date of Birth (Required): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell Phone: _____

E-Mail: _____

PRESCRIPTION INFORMATION

<input type="checkbox"/> Limbrel 500 (flavocoxid and citrated zinc bisglycinate) 500 mg/50 mg	Sig: † BID #60 Refills: 12 <input type="checkbox"/> Sig: † BID #180 Refills: 4 <input type="checkbox"/>
<input type="checkbox"/> Limbrel (flavocoxid 500 mg) (without zinc)	Sig: † BID #60 Refills: 12 <input type="checkbox"/> Sig: † BID #180 Refills: 4 <input type="checkbox"/>
<input type="checkbox"/> RHEUMATE TM Folate (1mg) (as L-5-methyltetrahydrofolate) Methylcobalamin (vitamin B-12) (1mg) Curcuminoid turmerone complex (500mg)	Sig: † QD #30 Refills: 12 <input type="checkbox"/> Sig: † BID #60 Refills: 12 <input type="checkbox"/> Sig: † QD #90 Refills: 4 <input type="checkbox"/> Sig: † BID #90 Refills: 8 <input type="checkbox"/>

<input type="checkbox"/> Fosteum PLUS <small>Calcium compounds (dicalcium malate + pentacalcium hydroxide triphosphate) (500 mg)/phosphate (70 mg) genistein aglycone (27 mg)/citrated zinc bisglycinate (20mg) trans-menaquinone-7 (90 µg)/cholecalciferol (400 IU)</small>	Sig: † BID #60 Refills: 12 <input type="checkbox"/> Sig: † BID #180 Refills: 4 <input type="checkbox"/>
<input type="checkbox"/> Fosteum <small>(genistein aglycone/citrated zinc bisglycinate/cholecalciferol) 27 mg/20 mg/200 IU</small>	Sig: † BID #60 Refills: 12 <input type="checkbox"/> Sig: † BID #180 Refills: 12 <input type="checkbox"/>
<input type="checkbox"/> Vasculera diosmiplex 630mg	Sig: † QD #30 Refills: 12 <input type="checkbox"/> Sig: † QD #90 Refills: 4 <input type="checkbox"/>
<input type="checkbox"/> OTHER:	Sig: Refills:

PHYSICIAN INFORMATION

Physician Name: _____ NPI: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ FAX: _____ Physician E-Mail: _____

Physician Signature: _____ Date: _____

PHARMACY INFORMATION

FAX Completed and Signed Form to Transition Pharmacy
FAX: 1-844-697-9222
Customer Service #: 1-844-774-6871

E-Prescribing Information

Name: Transition Pharmacy, LLC
Pharmacy type: Retail
State: PA
NPI #: 1336325265 NCPDP #: 3989603
215-639-6162