



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"/> <b>RHEUMATE</b> <sup>TM</sup><br><i>Folate (1mg)<br/>(as L-5-methyltetrahydrofolate)<br/>Methylcobalamin (vitamin B-12) (1mg)<br/>Curcuminoid turmerone complex (500mg)</i> | Sig: † QD #30<br>Refills: 12 <input type="checkbox"/><br><br>Sig: † BID #60<br>Refills: 12 <input type="checkbox"/><br><br>Sig: † QD #90<br>Refills: 4 <input type="checkbox"/><br><br>Sig: † BID #90<br>Refills: 8 <input type="checkbox"/> |
| <input type="checkbox"/> <b>Vasculera</b> <sup>®</sup><br>diosmiplex 630mg   | Sig: † QD #30<br>Refills: 12 <input type="checkbox"/><br><br>Sig: † QD #90<br>Refills: 4 <input type="checkbox"/>  |

|  |   |
|--|---|
| <input type="checkbox"/> <b>Fosteum PLUS</b><br><i>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)</i> | Sig: † BID #60<br>Refills: 12 <input type="checkbox"/><br><br>Sig: † BID #180<br>Refills: 4 <input type="checkbox"/>  |
| <input type="checkbox"/> <b>Fosteum</b> <sup>®</sup><br><i>(genistein aglycone/citrated zinc bisglycinate/cholecalciferol) 27 mg/20 mg/200 IU</i>  | Sig: † BID #60<br>Refills: 12 <input type="checkbox"/><br><br>Sig: † BID #180<br>Refills: 12 <input type="checkbox"/> |
| <input type="checkbox"/> OTHER:  | Sig:<br>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