New Day™ Skin Spray Rx Only | PHILRx

# Prescription Fax Order Form

**New Day™ Skin Spray** may not be in your EMR yet.

**Fax this completed form to:**
**(888) 975-0603**

Or call PHILRx: (855) 977-0975

## PATIENT INFORMATION

Name _____ Date of Birth (MM/DD/YYYY) _____

Cell Phone _____ Email _____

Shipping Address 1 _____ Address 2 _____

City _____ State _____ Zip _____

## PRESCRIBER INFORMATION

Name _____ NPI # _____

Address 1 _____ Address 2 _____

City _____ State _____ Zip _____

Office Contact _____ Phone _____ Fax _____

## NEW DAY™ SKIN SPRAY PRESCRIPTION INFORMATION

| STRENGTH/FORM | QUANTITY | HOW IT'S SUPPLIED | REFILLS | DOSAGE + ADD'L INSTRUCTIONS |
|---|---|---|---|---|
| New Day™ Skin Spray 85 mL | | One 85 mL bottle for 30 days | | |

## PATIENT INSURANCE INFORMATION

Please attach a copy of the front and back of the patient's insurance card –OR– fill out the information below.

**Check the box that applies:** ☐ Commercial/Private ☐ Medicare Part D ☐ Medicaid ☐ Other ☐ Uninsured

Member Name (Cardholder) _____ Rx Plan Name _____

Prescription Drug Card Member ID # _____ Rx Group _____

Rx BIN _____ Rx PCN _____

## APPROVAL

Prescriber Signature _____ Date _____

Transmitted By (Full name if not prescriber) _____