Rx Only

LITHOSTAT®
(Acetohydroxamic Acid)
Tablets 250 mg.

PHARMACY ORDER FAX FORM

FAX TO: (866) 694-2555

CUSTOMER SERVICE #: (844) LITHORx or (844) 548-4679

PHYSICIAN INFORMATION

NAME: _____

DEA #: _____ **NPI #**: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

PHONE #: _____ **FAX #:** _____

OFFICE CONTACT: _____ **CONTACT PHONE #:** _____

PHYSICIAN EMAIL: _____

PRESCRIPTION INFORMATION

ANY KNOWN ALLERGIES: _____

DRUG/STRENGTH	INSTRUCTIONS	QTY	REFILLS
LITHOSTAT (Acetohydroxamic Acid) 250 mg.			

Physician Signature: _____ ***Date:*** _____

PATIENT INFORMATION

PLEASE INCLUDE COPY OF FRONT & BACK OF PHARMACY INSURANCE CARD

NAME: _____ **PHONE #:** _____

ADDRESS: _____ **DATE OF BIRTH:** _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

LAST FOUR DIGITS OF SOCIAL SECURITY #: _____

(USED FOR INSURANCE VERIFICATION PURPOSES ONLY)

For e-PRESCRIBING, please use the following information for processing requests through your system:

Name: Transition Pharmacy, LLC **Pharmacy type:** Retail
City: Feasterville-Trevose **State**: PA **Zip**: 19053
NPI #: 1336325265 **NCPDP #:** 3989603

Offered through the MISSION PHARMACAL Rx PORT™ program.

There is no additional cost to the patient or physician for this service.