Tirosint® (levothyroxine sodium) capsules

Tirosint®-SOL (levothyroxine sodium) oral solution

PHARMACY - ORDER FAX FORM

FAX TO: (866) 694-2555

CUSTOMER SERVICE #: (833) 235-7113

PATIENT INFORMATION

PLEASE INCLUDE COPY OF FRONT & BACK OF PHARMACY INSURANCE CARD

NAME: _____ **DATE OF BIRTH:** _____

PHONE #: _____ **CELL PHONE #:** _____ **EMAIL:** _____

ADDRESS: _____ **APT/SUITE:** _____

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

CURRENT MEDICATIONS TAKEN: _____

MEDICAL CONDITIONS: _____

ANY KNOWN ALLERGIES: _____

PRESCRIBER INFORMATION

NAME: _____

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

ADDRESS: _____

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

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

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

PHYSICIAN EMAIL: _____

PRESCRIPTION INFORMATION

Select one:

☐ **Tirosint Capsules** ☐ **Tirosint-SOL Oral Solution**

Strength(s) (Check all applicable):

13mcg ☐ **25mcg** ☐ **50mcg** ☐ **75mcg** ☐ **88mcg** ☐ **100mcg** ☐

112 mcg ☐ **125mcg** ☐ **137mcg** ☐ **150mcg** ☐ **175mcg** ☐ **200mcg** ☐

Directions: _____

Quantity_____ **Refills**_____

Prescriber Signature: _____ ***Date:*** _____

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

Name: Transition Pharmacy
City: Trevose
NPI #: 1336325265

Pharmacy type: Retail
State: PA **Zip**: 19053
NCPDP #: 3989603

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