



**HIGHLAND**  
SPECIALTY PHARMACY

**TIROSINT<sup>®</sup> DIRECT PROGRAM**

## PRESCRIPTION ORDER FORM

**PRESCRIBER INFORMATION:**

NAME: \_\_\_\_\_ NPI: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

**PATIENT INFORMATION:**

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ Circle: Male or Female

PHONE: \_\_\_\_\_ PHONE (2): \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ ALLERGIES: \_\_\_\_\_

**PRESCRIPTION INFORMATION:**

| CIRCLE ONE: |        | TIROSINT CAPSULES |        | TIROSINT SOLUTION |        | NEW STRENGTHS |       |
|-------------|--------|-------------------|--------|-------------------|--------|---------------|-------|
|             |        |                   |        |                   |        | SOLUTION ONLY |       |
| 13mcg       | 25mcg  | 50mcg             | 75mcg  | 88mcg             | 100mcg | 37.5mcg       | 44mcg |
| 112mcg      | 125mcg | 137mcg            | 150mcg | 175mcg            | 200mcg | 62.5mcg       |       |

**DIRECTIONS:** \_\_\_\_\_

**QUANTITY (circle – MUST BE in multiples of 30):** 30 60 90 OTHER: \_\_\_\_\_ **REFILLS:** \_\_\_\_\_  
We do not open or split boxes. Quantity of 30 per box.

**PRESCRIBER SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

To E-PRESCRIBE, use the following information:

Name: Highland Specialty Pharmacy  
City: Hattiesburg State: Mississippi (MS) Zip: 39402  
Pharmacy Type: Retail NPI: 1679833404 NCPDP: 2588842

\*\*\*Highland Specialty Pharmacy will contact the patient via phone & text from 601-268-6033 within 24 hours of receipt of prescription\*\*\*

FAX: 601-268-6690 PHONE: 601-268-6033 TOLL FREE: 855-894-4441

Hours of Operation: Monday - Friday 9am to 5pm CST