

## JORDAN RESES PRESCRIPTION FAX FORM

Please FAX this Completed Form to Jordan Reses Pharmacy:

**FAX# 215-729-1040**  
or **800-838-3971**



**To: JORDAN RESES PHARMACY**  
5739 Chester Avenue  
Philadelphia, PA 19143  
PHONE: 800-848-4050

**From: Name:** \_\_\_\_\_

**Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Physician/Health Care Professional Information

MO      DAY      YR

**Address:** \_\_\_\_\_

**Phone:** (\_\_\_\_\_) \_\_\_\_\_ **Fax:** (\_\_\_\_\_) \_\_\_\_\_

### PATIENT INFORMATION

**Name:** \_\_\_\_\_ **DOB:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **SS#:** \_\_\_\_ - \_\_\_\_ - \_\_\_\_

MO      DAY      YR

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_

**Shipping Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_ **Zip:** \_\_\_\_\_

**Description of Patient's Injury:** \_\_\_\_\_

**DOI:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **Day Phone:** (\_\_\_\_\_) \_\_\_\_\_ **Evening Phone:** (\_\_\_\_\_) \_\_\_\_\_

MO      DAY      YR

### INSURANCE INFORMATION

**Patient's Employer:** \_\_\_\_\_

**Insurance Company:** \_\_\_\_\_

**Adjuster:** \_\_\_\_\_ **Phone:** (\_\_\_\_\_) \_\_\_\_\_

**Billing Address:** \_\_\_\_\_

**Claim Number:** \_\_\_\_\_

MEDICATION	STRENGTH	DOSE/FREQUENCY	QUANTITY	REFILLS

**\*NOTE: IN ORDER FOR A BRAND NAME PRODUCT TO BE DISPENSED, THE PRESCRIBER MUST HAND WRITE "BRAND NECESSARY" OR "BRAND MEDICALLY NECESSARY" IN THE SPACE PROVIDED:** \_\_\_\_\_

**Physician's Name** (Please print) \_\_\_\_\_ **State License #:** \_\_\_\_\_

**Physician's Signature:** \_\_\_\_\_ **DEA#:** \_\_\_\_\_

**IMPORTANT NOTICE:** This facsimile transmission is intended to be delivered only to the named addressee and may contain material that is confidential, privileged, proprietary or exempt for disclosure under applicable law. If it is received by anyone other than the named addressee, the recipient should immediately notify the sender at the address and telephone number set forth herein and obtain instructions as to disposal of the transmitted material. In no event should such material be read or retained by anyone other than the addressee, except by express authority of the sender to the named addressees.