Prescription Order Form

PRESCRIBER INFORMATION:

Name: _____ NPI: _____

Address: _____ Phone: (_ _ _) _ _ _ - _ _ _ _ Fax: (_ _ _) _ _ _ - _ _ _ _

City: _____ State: _____ ZIP: _____ Email: _____

PATIENT INFORMATION:

Name: _____ Phone: (_ _ _) _ _ _ - _ _ _ _

Date of birth: _ _ / _ _ / _ _ _ _ Allergies: _____ Phone (2): (_ _ _) _ _ _ - _ _ _ _

Address: _____ Email: _____

City: _____ State: _____ ZIP: _____

FILL PROCESS:

Please confirm the patient's phone number is correct. Highland Specialty Pharmacy will use the phone number provided to contact the patient to set up their order within 24 hours of receipt of the prescription. Please provide new patients with our 601-268-6033 phone number or notify them of our (601) area code to ensure our call is not missed. A member of our staff will verify all information with the patient, collect a form of payment, and will mail the order directly to the patient.

PRESCRIPTION INFORMATION

FLECTOR® (diclofenac epolamine) topical system 1.3%

Directions:

☐ Apply one patch topically to clean, dry, hairless area BID

☐ OTHER: _____

_____

QTY (multiples of 30):

☐ 30 ☐ 60 ☐ OTHER: _____

Refills: _____

Prescriber signature: _____ Date: _____

To E-PRESCRIBE (Preferred Method)

Name: Highland Specialty Pharmacy **City:** Hattiesburg **State:** Mississippi (MS) **ZIP:** 39402
Pharmacy Type: Retail **NPI:** 1679833404 **NCPDP ID:** 2588842
Phone: 601-268-6033 **Fax:** 601-268-6690 **Toll Free:** 855-894-4441
Hours of Operation: Monday–Friday, 9 AM–5 PM CT

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