

# HALDEY Pharmaceutical Compounding

www.hcompound.com

Prescription Fax Form

Please fax Rx along with this form to 855-E-COMPOUND (855- 326-6768)

Tel: 855-H-COMPOUND (855-426-6768)

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## Instructions for patients:

1. Fill out your information below, including name, date of birth, address, phone number(s), and allergies.
2. Make a copy of your Rx insurance card if available (front and back).
3. Fax prescription, copy of the insurance card, and this form to **855-326-6768**

***Important: please make sure to include your phone number(s).***

You will be contacted by one of our friendly staff members to discuss the delivery methods, cost and timelines. Depending on the insurance plan, you will be advised on out of pocket expense. In addition, appropriate counseling will be provided by one of our pharmacists.

Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

First

Last

Address \_\_\_\_\_ Apt# \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home# \_\_\_\_\_ Work# \_\_\_\_\_ Cell# \_\_\_\_\_

Allergies \_\_\_\_\_

Additional Instructions or Information \_\_\_\_\_

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