



Licart Direct Program

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

[] Licart (Diclofenac Epolamine) Topical System 1.3%

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.