

Patient Name : _____

Patient Address : _____

Patient Phone Number : _____

Date of Birth : _____

Patient Allergies : _____

Prescriber Name, Credential : _____

Prescriber Address : _____

Prescriber Phone : _____

Prescriber Fax : _____

DEA Number / NPI Number : _____

Date Written : _____

Medication Name / Medication Strength / Quantity : _____

Shipping address : _____

Physician Name, Credential : _____

Physician Signature : _____

Please Email All Prescriptions to:

orders@hasolutions.ai