



Patient Information

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Home Phone: _____ Alternate Phone: _____

Birth Date: _____ SS#: _____

Physician Contact Information

Physician Name: _____ NPI: _____

Office Contact: _____ Phone: _____

Work Location: _____ Email: _____

City: _____ State _____

Treatment Information

Rx: _____ Qty: _____

Directions: _____ Refills: _____

Physician Signature _____ Date: _____

Insurance Information

Please attach a copy of patient demographic information along with health insurance and Rx coverage card
AND
Copy of signed prescription if not electronically sent

Instructions

To E- Prescribe:

Express Drugs & Surgical
2381 Frederick Douglass Blvd.
New York, NY 10027
Phone: (212) 749-6626
E-mail: info@expressdrugsrx.com
NCPDP/NABP: 5807738
NPI: 1821331422

To Fax:

Please fax this form to (888) 966-0647

Questions:

Please call (844) 749-6628 or
e-mail info@expressdrugsrx.com