AAPEX PHARMACY Rx

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Website: www.aapexpharmacy.com

PHYSICIANS ORDER FORM

Today's Date: _____ / _____ / _____

PATIENT INFORMATION	**DOCTOR INFORMATION**
Name_____ First MI Last Address _____ City/State/Zip_____ Phone_____DOB_____	Name_____ First MI Last Address_____ City/State/Zip_____ Phone_____Fax_____ UPIN# _____ DEA#_____
PRESCRIPTION INFORMATION	
Medication (Please check): Albuterol 0.083 % unit dose Ipratropium Bromide 0.02% - unit dose Xopenex 1.25mg/3ml – unit dose Other: _____ **Directions (Please Circle)** BID TID QID Q4H Other_____ **Number of Refills** _____ months _____years **Supplies (Please check box):** Nebulizer circuits _____Kit(s) _____ _____Mask(s) _____	**DIAGNOSIS** ☐ Chronic Obstructive Bronchitis (491.2) ☐ Emphysema (492.8) ☐ Chronic Obstructive Asthma (493.2) ☐ COPD (496) Other _____ Code_____ Other _____ Code_____ Other _____ Code_____
PHYSICIAN'S SIGNATURE:	**INSURANCE**
PHARMACY USE	***PRIMARY*** Medicare ID: _____ Is Medicare Managed Care? Yes No Medicaid ID: _____ Is Medicaid Managed Care? Yes No ***SECONDARY*** Insurance Company _____ Subscriber Name _____ Patient ID# _____ Carrier # _____ Group # _____ Plan#_____