

 Fax

To: VLS Pharmacy  
Fax: 855-491-0799

From: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Phone: \_\_\_\_\_

Number of Pages: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_  
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- PROTECTED HEALTH INFORMATION
- BUSINESS CONFIDENTIAL INFORMATION

Be sure that you've included the following for each prescription:

- Patient's full name
- Patient's home address (even if we are shipping to medical office)
- Patient's phone number \*Note that we will only call the patient if we are shipping the prescription directly to them.
- Patient's DOB
- Patient's known drug allergies
- Detailed instructions for use
- Signature from a licensed prescriber

**This fax is intended only for the exclusive use of the addressee(s), and may contain privileged or confidential information. If you are not the intended recipient, or the person responsible for delivering the fax to the intended recipient, be advised you have received this fax in error and that use, dissemination, distribution, or copying of this communication is strictly prohibited. If you have received this fax in error, please destroy the attached document(s) and immediately notify the sender of the error.**

Please deliver to: \_\_\_\_\_ with this cover sheet to protect its contents.