



MORRISTOWN PHARMACY

XIFAXAN & VIBERZI PRESCRIPTION REFERRAL FORM

95 Madison Ave #110 | Morristown, NJ, 07960

Tel: 973 - 998 - 0287 | Fax: 973 - 998 - 0288

Today's Date

NEW PATIENT CURRENT PATIENT

Proudly serving New Jersey, New York, Pennsylvania, Ohio, Massachusetts, Arizona & Rhode Island

Last updated: May 2017

Patient Name First Name _____ Middle Name _____ Last Name _____ DOB _____ Weight _____ Male Female

Street Address _____ Apt # _____ City _____ State _____ Zip _____

Daytime Tel _____ Evening Tel _____ Cell _____ Email _____

Ship to Patient at Home Work **OR** Patient will pick up at Physician Office Pharmacy Date Needed _____

ICD-10 Code: K58.0 Irritable bowel syndrome with diarrhea (IBS-D) A09 Traveler's diarrhea K72 Hepatic Failure, Hepatic Encephalopathy

Testing Yes No Results _____ Patient currently on therapy Yes No Date of next blood work _____

Insured's Name _____ Relation to Patient _____ Eligible for Medicare Yes No If yes, Medicare# _____

Prescription Card Yes No If Yes, Carrier _____ Tel _____ Fax _____ Policy/Group# _____

Bin# _____ Pcn# _____ RXID# _____ RX Group# _____

Prescriber's Name _____ Office Contact _____

Street Address _____ Suite # _____ City _____ State _____ Zip _____

Tel _____ Fax _____ Email _____

License# _____ NPI# _____ UPIN# _____ DEA# _____

PRESCRIPTION

PLEASE ATTACH COPIES OF PATIENT'S INSURANCE CARDS

XIFAXAN® (RIFAXIMIN) 550mg TABLETS

Quantity _____ Directions for use _____ Refills _____ Signature _____

VIBERZI 75mg TABLETS 100mg TABLETS

Quantity _____ Directions for use _____ Refills _____ Signature _____

OTHER # 1

Medication _____ Dosage _____ Quantity _____ Directions for use _____ Refills _____ Signature _____

ENROLL IN NURSE TRAINING / MANUFACTURER PROGRAM

Prescriber's Signature (signature required. NO STAMPS) _____ **Date** _____

IMPORTANT NOTICE: This fax is intended to be delivered only to the named addressee. It contains material that is confidential, privileged, proprietary or exempt from disclosure under applicable law. If you are not the named addressee, you should not disseminate, distribute, or copy this fax. Please notify the sender immediately if you have received this document in error and then destroy this document immediately. PLEASE NOTE: Morristown Pharmacy can only accept original prescription drug orders from patients; faxed prescriptions can be accepted only from the prescribing practitioners.

Please fax completed form to **Morristown Pharmacy** at **973 - 998 - 0288**

Visit us at **WWW.MORRISTOWNRX.COM** for online fillable forms.