DELTADRUGS

Female Health

437 Fernando Court • Glendale, CA 91204 • **MAIN:** 818.309.2884 • **FAX:** 818.309.1704 • www.deltadrugs.com

PATIENT INFORMATION

Patient Name: ______________________ Patient SSN#: ______________________

Address: ______________________
Address, City, State, Zip Code

Phone #: ____________ 2nd Phone #: ____________ Date of Birth: ____________ Gender: ❑ Male ❑ Female

Allergies: ______________________

Primary Insurance: ______________________ | Secondary Insurance: ______________________

ID#: ____________ Phone #: ____________ | ID#: ____________ Phone #: ____________

FAX COPY OF INSURANCE CARD (FRONT & BACK)

MEDICATION	STRENGTH	DIRECTIONS	QTY	REFILLS
❑ ADDYI®	❑ 100 mg	❑ Take 1 tablet QD	❑ 30	
❑ ESTRACE CREAM®	❑ 0.01%			
❑ PREMARIN®	❑ 0.625 mg ❑ 1.25 mg	❑ Take 1 tablet QD	❑ 30	
❑ PREMARIN CREAM®	❑ 0.625 mg			

Ship to: ❑ Physician's Office ❑ Patient's Home | ❑ Dispense As Written

PHYSICIAN INFORMATION

Physician Name: ______________________ Contact: ______________________ NPI#: ______________________

Address: ______________________
Address, City, State, Zip Code

Phone #: ______________________ Fax#: ______________________ Email: ______________________

Physician's Signature: ______________________ Date: ____________

I AUTHORIZE DELTA DRUGS AND ITS REPRESENTATIVES TO ACT AS AN AGENT TO INITIATE AND EXECUTE THE INSURANCE PRIOR AUTHORIZATION PROCESS.

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