

Prescription Order Form  
 Fax: (855) 828-1492  
 Toll free: (800) 589-0841

**PATIENT INFORMATION**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 Best Daytime Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_  
 Diagnosis/ICD10 Code (Optional) \_\_\_\_\_  
 Past Tried/Failed Meds \_\_\_\_\_  
 Insurance Type     Commercial Insurance     Medicare     Medicaid  
                           No Insurance (Cash)             Other \_\_\_\_\_

**PRESCRIPTIONS**

Medication	Strength	QTY	Directions	Form (cap, tab, etc.)	Refills
Trudhesa <sup>®</sup>	0.725 MG/ACT (1.45mg/dose)	4	Use 1 spray in each nostril as needed at the onset of migraine. May repeat in 1 hour. Maximum 2 doses per day. Maximum 3 doses per 7 days.	NS (Nasal Spray)	

**PRESCRIBER INFORMATION**

Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Name \_\_\_\_\_ DEA/NPI \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 Phone \_\_\_\_\_ Phone Ext. \_\_\_\_\_ Fax \_\_\_\_\_  
 Office Contact \_\_\_\_\_ Email \_\_\_\_\_

**PLEASE ATTACH COPY OF INSURANCE CARD (FRONT & BACK)**

eRx: ProModRx

2850 N. Commerce pkwy, Miramar, FL 33025/ Ph: (800) 589-0841 Fax: (855) 828-1492