PHARMACY ORDER FAX FORM

FAX TO: 866-798-4069
CUSTOMER SERVICE: 866-211-6196

AVAR® (sodium sulfacetamide, sulfur) product family | OVACE® PLUS (sodium sulfacetamide) Product Family | Texacort® (hydrocortisone) topical solution **2.5%** | Eletone® Cream with Hydrolipid Technology

PHYSICIAN INFORMATION

NAME:	DEA #:	NPI #:	
ADDRESS:	CITY:	STATE:	ZIP:
PHONE #:	FAX #:		
OFFICE CONTACT:	CONTACT PHONE #:		

PRESCRIPTION INFORMATION

DRUG(S)/STRENGTH	SIZE	INSTRUCTIONS	REFILLS
☐ **AVAR-e Green® Cream** (sodium sulfacetamide 10%, sulfur 5%)	2 oz		☐3 ☐6 ☐12 ___
☐ **AVAR-e® Emollient Cream** (sodium sulfacetamide 10%, sulfur 5%)	2 oz		☐3 ☐6 ☐12 ___
☐ **AVAR® Cleanser** (sodium sulfacetamide 10%, sulfur 5%)	8 oz		☐3 ☐6 ☐12 ___
☐ **AVAR-e® LS Emollient Cream** (sodium sulfacetamide 10%, sulfur 2%)	2 oz		☐3 ☐6 ☐12 ___
☐ **AVAR® LS Cleanser** (sodium sulfacetamide 10%, sulfur 2%)	8 oz		☐3 ☐6 ☐12 ___
☐ **OVACE® Plus Wash Cleansing Gel** (sodium sulfacetamide 10%)	12 oz		☐3 ☐6 ☐12 ___
☐ **OVACE® Plus Lotion** (sodium sulfacetamide 9.8%)	2 oz		☐3 ☐6 ☐12 ___
☐ **OVACE® Plus Shampoo** (sodium sulfacetamide 10%)	8 oz		☐3 ☐6 ☐12 ___
☐ **OVACE® Plus Cream** (sodium sulfacetamide 10%)	2 oz		☐3 ☐6 ☐12 ___
☐ **OVACE® Plus Foam** (sodium sulfacetamide 9.8%)	3.5 oz		☐3 ☐6 ☐12 ___
☐ **Texacort®** (hydrocortisone) topical solution **2.5%**	1 oz		☐3 ☐6 ☐12 ___
☐ **Eletone® Cream**	100 g		☐3 ☐6 ☐12 ___
ANY KNOWN ALLERGIES:			
PHYSICIAN SIGNATURE:		DATE:	

PATIENT INFORMATION

A copy of the front and back of pharmacy insurance card must be included.

NAME:	DATE OF BIRTH:	
PREFERRED PHONE #:	ALTERNATE PHONE #:	
ADDRESS:		APT/SUITE:
CITY:	STATE:	ZIP CODE:
EMAIL:	GENDER: ☐ Male ☐ Female	PREFERRED LANGUAGE:
INSURANCE PROVIDER:	NAME OF RESPONSIBLE PARTY:	
INSURANCE MEMBER ID #:	INSURANCE GROUP #:	

E-PRESCRIBING

The following information is for processing requests through your system. This section only needs to be completed if PRESCRIPTION INFORMATION (above) is not filled out and signed.

NAME: **Eagle Pharmacy**			PHARMACY TYPE: **Retail**	
CITY: **Lakeland**	STATE: **FL**	ZIP: **33810**	NPI #: **1487905840**	NABP#: **5711975**