#### START SENDING SCRIPTS TO



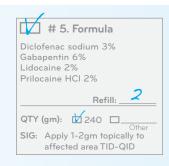
### STEP 1: Fill out the top portion.

Have the patient's demographic sheet and Rx Insurance Card available.

| Patient Information: |                | PLEASE FAX with Patient Demographic Sheet & Rx Insurance Card     |            |                       |
|----------------------|----------------|---|------------|-----------------------|
|                      | FIRST NAME:    | LAST NAME:  |            | ADDRESS:              |
| ED                   | JANE           | <b>⊅0</b> €   | nal Info   | 1234 CHERRY LANE      |
|                      | PRIMARY PH #:  | SECOND PH #:  |            | CITY, STATE, ZIP:     |
| -                    | (313) 555-1234 | (248) 123-5555  |            | DETROIT, MI 48235     |
| REQU                 | DATE OF BIRTH: | Check here if this is a Worker's Comp or Auto Claim prescription. | . <u>.</u> | EMAIL ADDRESS:        |
|                      | 03/18/64       |   | 1 = 0      | jane@doe.com          |
|                      | ALLERGIES: ,   |   | A          | LAST 4 DIGITS OF SSN: |
| -                    | none known     |   |            | 3456                  |

# STEP 2: Check the meds you wish to prescribe,

or write your own in the blank space provided. Include quantity and refills.



### STEP 3: Sign and date the bottom portion.



## STEP 4: Fax directly to our pharmacy! "

vvith demographic sneet and Rx Insurance Card.

A Service Liaison can program BioMed Formulations into your EMR upon request.

#### BioMed will provide:

- Free & Reliable Delivery or Shipping to the patient's home
- Education and Counseling on medications and treatment

www.biomedpharmacy.com www.targetedpaincontrol.com Fax: 877, 791, 7779

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23815 Northwestern Hwy. Southfield, MI 48075

