

TRANSITION PHARMACY PRESCRIPTION FORM



TREVOSE, PENNSYLVANIA

FAX TO: (877) 594-4906

CUSTOMER SERVICE: (877) 527-3927



Patient Information

NAME _____ DATE OF BIRTH _____

MOBILE PHONE # _____ ALTERNATE PHONE# _____ EMAIL _____

ADDRESS _____ APT/SUITE _____

CITY _____ STATE _____ ZIP CODE _____

CURRENT MEDICATIONS TAKEN _____

MEDICAL CONDITIONS _____

ANY KNOWN ALLERGIES _____

Healthcare Provider Information

NAME _____

EMAIL _____ NPI _____

ADDRESS _____ SUITE _____

CITY _____ STATE _____ ZIP CODE _____

PHONE # _____ FAX # _____

DIALYSIS FACILITY _____

ADDRESS _____ SUITE _____

CITY _____ STATE _____ ZIP CODE _____

CONTACT NAME _____ CONTACT TYPE OFFICE DIALYSIS CENTER

CONTACT PHONE _____ CONTACT FAX _____ CONTACT EMAIL _____

PREFERRED METHOD OF CONTACT PHONE FAX EMAIL

DRUG NAME	STRENGTH	DIAGNOSE(S)	DIRECTIONS	QTY	REFILLS
XPHOZAH® (tenapanor) tablets					

SHIP TO PATIENT FACILITY (if permitted) PHYSICIAN

I confirm that this prescription is medically necessary and consistent with label.

Physician Signature _____ Date _____

ePRESCRIBE TO TRANSITION PHARMACY, LLC

Transition Pharmacy, LLC, Feasterville-Trevoze, PA 19053 | NCPDP #: 3989603 | NPI #: 1336325265