



678 WYCKOFF AVE
 WYCKOFF NJ 07481
 Retail/Traditional 201 891 3333
 Compounding 201 891 3334

Rx PRESCRIPTION FORM

PATIENT INFORMATION		
FIRST NAME:	LAST NAME:	
PRIMARY PHONE #: <input type="radio"/> CELL <input type="radio"/> HOME <input type="radio"/> WORK	SECONDARY PHONE #: <input type="radio"/> CELL <input type="radio"/> HOME <input type="radio"/> WORK	
ADDRESS:	CITY, STATE, ZIP:	ALLERGIES:

Rx:

SIG:

Refills: 1 2 3 4 5 6 PRN NR SIG: _____

WRITE PRESCRIPTION / ADDITIONAL COMMENTS

DOCTOR	PHONE	NPI #	DEA #
OFFICE MANAGER	PHONE	OFFICE FAX	OFFICE Email
SIGNATURE	DATE (Month / Day / Year)		FAX TRADITIONAL MEDS: 201-891-6392 FAX COMPOUNDING: 201-891-1312 email to: orders@yourliferx.com
	_____/_____/_____		