

LITHOSTAT[®]

(Acetohydroxamic Acid)

Tablets 250 mg.

PATIENT ENROLLMENT FORM

FAX TO: (814) 838-2103

CUSTOMER SERVICE #: (844) LITHOPT or (844) 548-4678

PLEASE INCLUDE COPY OF FRONT & BACK OF PRESCRIPTION INSURANCE CARD

PATIENT INFORMATION

NAME: _____ SEX: Male Female

DATE OF BIRTH: _____ HEIGHT: _____ WEIGHT: _____

EMAIL ADDRESS: _____

PHONE #: _____ CELL PHONE #: _____

ADDRESS: _____ APT/SUITE: _____

CITY: _____ STATE: _____ ZIP CODE: _____

CURRENT MEDICATIONS:
(include over-the-counter and supplements) _____

MEDICAL CONDITIONS: _____

ANY KNOWN ALLERGIES: _____

Would you like to register for our secure patient portal for HIPAA compliant electronic communications? Yes No

PHYSICIAN INFORMATION

NAME: _____

DEA #: _____ NPI #: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE #: _____ FAX #: _____

OFFICE CONTACT: _____ CONTACT PHONE #: _____

PHYSICIAN EMAIL: _____

PRESCRIPTION INFORMATION

| DRUG/STRENGTH | INSTRUCTIONS | QTY | REFILLS |
|--|--------------|-----|---------|
| NDC 0178-0500-01 LITHOSTAT[®] (Acetohydroxamic Acid) Tablets <u>250 mg.</u> | | | |

Physician Signature: _____ Date: _____

For **e-PRESCRIBING**, use the following information for processing requests through your system:

Name: Pharmacy Innovations **Pharmacy type:** Mail Order
City: Erie **State:** PA **Zip:** 16505
NPI #: 1629297718 **NCPDP #:** 3982926

Offered through the MISSION PHARMACAL RxPORT[®] program.

There is no additional cost to the patient or physician for this service.

LTH009R0421D