



Pharmacy Services

Prescription for Schedule II Controlled Drug

TO BE MAILED TO CONTRACTED PHARMACY SERVICES ASAP

MAIL TO: Rx Advantage, Inc.
7101 Hwy. 90, Suite 300
Daphne, Alabama 36526
ATTN: Pharmacy Manager

CONFIDENTIAL

Patient Name: _____ Date: _____

Location (Facility): _____

Medication: _____
(Generic substitution permitted unless specifically otherwise ordered)

Quantity: _____

Sig: _____

Physician's Name / Signature: _____/_____

Address: _____

DEA Number: _____

Pharmacy Use Only:

Rx # _____ Pharmacist Signature: _____

The above is a prescription for a patient in a RAI serviced facility per your orders in the patient chart. Before we can dispense the medication, we need you to SIGN the above prescription and mail to the pharmacy ASAP.

7101 Highway 90, Suite 300 • Daphne, Alabama 36526
Phone (251) 625-6100 • Toll Free (877) 770-7923 • Fax (251) 625-6502 • Toll Free Fax (866) 478-7909

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