

FAX OR ESCRIPT ALL PRESCRIPTIONS TO  
**PRXP of CA**  
4345 E Lowell Street, Suites C & D | Ontario, CA 91761



**Phone & Fax: 888-505-1485**

340B Regular     PREP     T&T

Clinic Name: \_\_\_\_\_

340B Eligible:     Yes     No

Today's Date: \_\_\_\_\_

PCP: \_\_\_\_\_

**PATIENT INFORMATION (REQUIRED INFORMATION)**

Patient's Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_ Preferred: \_\_\_\_\_ Birth Date: \_\_/\_\_/\_\_\_\_

Sex (Check One):  Male    Gender Identity:  Male  Female    Pronouns: \_\_\_\_\_  
 Female     Transgender  Other: \_\_\_\_\_

Street Address: \_\_\_\_\_ P.O. Box: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_ Emergency Contact Phone: \_\_\_\_\_

Any known allergies: \_\_\_\_\_ \*Please attach copy of drivers license or photo ID  
 Check to Indicate Copy Attached

**CURRENT PHARMACY INFORMATION**

Pharmacy Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**PRESCRIPTION INSURANCE INFORMATION (ATTACH FRONT & BACK OF INSURANCE CARD)**

Check to Indicate Front/Back of Insurance Card is Attached

Policy Insurance: \_\_\_\_\_ PCN: \_\_\_\_\_ BIN: \_\_\_\_\_

Subscriber's Name: \_\_\_\_\_ Rx Group Number: \_\_\_\_\_ Patient ID: \_\_\_\_\_

Patient Relationship to Subscriber (Check One):  Self     Spouse     Child     Other: \_\_\_\_\_

**DELIVERY INFORMATION (CHECK ONE)**

Patient's Address (Street Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_)

Prescriber's Address (Street Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_)

Other (Street Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_)

**ACKNOWLEDGMENT FORM (PLEASE SIGN)**

BY SIGNING BELOW, I AUTHORIZE PRXP OF CA TO CONTACT MY PRESENT PHARMACY AND TRANSFER ALL PRESCRIPTIONS TO BE FILLED.

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE RECEIVED THE NEW PATIENT INFORMATION, NOTICE OF PRIVACY PRACTICES, AND PATIENT BILL OF RIGHTS, AND I HAVE BEEN PROVIDED THE OPPORTUNITY TO REVIEW THEM.

\_\_\_\_\_  
Patient/Guardian Signature

\_\_\_\_\_  
Date

\*Licensed in CA