

PRESCRIPTION FORM

951 Yamato Road, Suite #160

Boca Raton, FL 33431

Phone: 800-350-3819 | Fax: 800-891-4320 or 888-708-8761

Email: customerservice@vitacarerx.com



BIJUVA™ (estradiol and progesterone) capsules, 1 mg/100 mg

Patient Information		
Patient Name <i>(Required)</i>		Cell Phone Number <i>(or preferred contact number)</i>
Date of Birth <i>(mm/dd/yyyy)</i>	Email	
Address		
City	State	Zip Code

Prescriber Information <i>(Healthcare provider to complete or affix a prescription for 30 day supply)</i>	
Prescriber <i>(First, Last Name)</i>	
Phone Number	Fax Number
NPI Number	

Prescription Information <i>(to be filled out by healthcare provider)</i>	
<input type="checkbox"/> BIJUVA™ (estradiol and progesterone) capsules 1 mg/100 mg (Blister package of 30 capsules) NDC: 50261-0211-30	
SIG: One (1) capsule, orally each evening with food.	OR <input type="checkbox"/> SIG: <i>(Other Directions)</i> _____ _____
<i>(Fill out quantity of refills)</i> Refills: _____	
Prescriber Signature: _____	Date: _____

Processing and fulfillment of prescription may be completed by vitaCare Prescription Services or transferred to another pharmacy based on patient's insurance and filling preference.

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