vitaCare™
PRESCRIPTION SERVICES

6800 Broken Sound Parkway NW, Suite 100, Boca Raton, FL 33487
Phone: 800-350-3819 | Fax: 800-891-4320

# Prescription Request

## Patient Information

Patient Name *(Required)*

Cell Phone Number *(Required)*

Date of Birth

Email

Address

City

State

Zip Code

Member ID

Group ID

BIN/IIN

PCN

## Prescriber Information *(Health care provider to complete or affix a prescription for 30 day supply)*

Physician Name(s)

Phone Number

Fax Number

DEA Number

NPI Number

## Prescription Information *(to be filled out by health care provider)*

☐ **vitaPearl™** - 1 softgel daily

☐ **vitaTrue®** (Vegan/Kosher) - 1 softgel & 1 tablet daily

☐ **vitaMedMD® RediChew® Rx** - 1 tablet daily

☐ **vitaMedMD® One Rx** - 1 softgel daily

Quantity *(one box represents one month supply)*: _____

Number of Refills:_____

*In accordance with State regulations, a generic may be substituted unless otherwise indicated.*
*May be substituted with any vitaMedMD prenatal vitamin.*

Prescriber Signature:_____ Date:_____

**Not valid for Medicaid or other similar federal or state programs.**

Processing and fulfilment 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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