Multiple Rx Form

* $\square$ Indicates required information


Compound? $\square$ Yes $\square$ No (If yes, please identify NDC ingredients \& quantity amounts on the Compound Claim Form)


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| RX Number | Date Filled* <br> / / | New $\square$ Refill (check one) | Quantity* | Day Supply* | National Drug Code (11 Digit)* |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |  |  |  |  |  |  |
| Medication Name and Strength * |  |  | Physician Name \& NPI Number <br> Name $\qquad$ NPI |  | $\begin{aligned} & \text { RX Price* } \\ & \$ \end{aligned}$ |  |  | $\begin{aligned} & \text { Co-Pay* } \\ & \$ \end{aligned}$ |  |  |

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| RX Number | $\begin{aligned} & \text { Date Filled* } \\ & \text { / / } \end{aligned}$ | $\begin{array}{\|l\|} \hline \text { New } \square \text { Refill } \square \\ \text { (check one) } \end{array}$ | Quantity* | Day Supply* | National Drug Code (11 Digit)* |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |  |  |  |  |  |  |
| Medication Name and Strength * |  |  | Physician Name \& NPI Number Name NPI $\qquad$ |  | ```RX Price*``` |  |  | $\begin{aligned} & \text { Co-Pay* } \\ & \$ \end{aligned}$ |  |  |

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