



Prescription Drug & Device Request Form

Phone: (919) 844.9402
Fax: (919) 844.9403
Email: sales@eGeneralMedical.com

eGeneral Medical, Inc.
4724 Hargrove Rd., Suite 100
Raleigh, NC 27616

Patients: Please have your doctor complete this form. Prescription drug and device requests can **only** be submitted by a licensed physician. We do not accept any insurance.

Please note: Orders will be processed within 4-7 business days after we receive the faxed prescription from your doctor. Therefore, when placing your order, you should expect your prescription drug or device to arrive no earlier than two weeks after you place your order. Please plan accordingly.

Doctors: Your patient would like to receive this prescription from eGeneralMedical.com. We are requesting an approval of this prescription from you. Please take a moment to complete the requested information in the form found on the following page. Completing all of the fields on the form helps to ensure timely order processing for your patients. You can fax your patients' prescriptions to us at the number listed on the top of this form.

If you have not already provided eGeneralMedical.com with your medical license information, please download that form and fax it to us along with this form. The Medical License Request Form can be found here: <http://files.egeneralmedical.com/documents/MedicalLicenseRequest.pdf>

1. Fill in both Prescriber and Patient information.
2. Supply the requested medical information for new patients and patients with changes in health status.
3. Make sure your office's secure fax number is listed correctly. (*A secure fax location is defined as an area where patient information is kept confidential.*)
4. Tape the prescription from your script pad in the space indicated below. Please ensure that the following information is included in the prescription:
 - Patient's first and last name
 - Patient's date of birth
 - Date of prescription
 - Quantity / Number of refills (*most patients can receive up to a 90-day supply and 4 refills*)
 - Directions for use
 - Prescriber's signature (*signature stamps are **not** accepted*)
5. Fax the completed form **without** a cover sheet to (919) 844-9403.

Please note: We do not accept or fill prescriptions for any controlled substances.

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PRESCRIPTION FAX FORM

Complete this form and fax without a cover sheet to eGeneral Medical, Inc. at (919) 844-9403.

PRESCRIBER INFORMATION:

Name: *First* *M.I.* *Last*
Address:
City:
State: *Zip:*
Phone #:
Fax #:

PATIENT INFORMATION:

Name: *First* *M.I.* *Last*
Date of Birth:
Address:
City:
State: *Zip:*
Phone #:

By checking this box, you certify that the fax number you have listed above is a secure fax location, where patient information is kept confidential.

COMPLETE FOR NEW PATIENTS OR PATIENTS WITH CHANGES IN HEALTH STATUS:

Please check all that apply:

Drug Allergies:

None Aspirin Sulfa
Codeine Penicillin Iodine

Medical Conditions:

Heart Ulcer Glaucoma
Asthma High Blood Pressure
Other (*if other please explain*)

TAPE PRESCRIPTION HERE

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