



PRESCRIPTION ORDER FORM

PRESCRIBER INFORMATION:

NAME: _____ NPI: _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____ PHONE: _____ FAX: _____

PATIENT INFORMATION:

NAME: _____ DATE OF BIRTH: _____

PHONE: _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____ ALLERGIES: _____

PRESCRIPTION INFORMATION:

CIRCLE ONE: TIROSINT CAPSULES TIROSINT SOLUTION

STRENGTH (circle):

13mcg	25mcg	50mcg	75mcg	88mcg	100mcg
112mcg	125mcg	137mcg	150mcg	175mcg	200mcg

DIRECTIONS: _____

QUANTITY (circle - multiples of 30): 30 60 90 **OTHER:** _____ **REFILLS:** _____

PRESCRIBER SIGNATURE: _____ **DATE:** _____

To E-PRESCRIBE, use the following information:

Name: Highland Specialty Pharmacy
City: Hattiesburg State: Mississippi (MS) Zip: 39402
Pharmacy Type: Retail NPI: 1679833404 NCPDP: 2588842

Highland Specialty Pharmacy will contact the patient via phone & text from 601-268-6033 within 24 hours of receipt of prescription

FAX: 601-268-6690 PHONE: 601-268-6033 TOLL FREE: 855-894-4441
Hours of Operation: Monday - Friday 9am to 5pm CST