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Metier Pharmacy can accept only original prescription drug orders from patients, and faxed prescriptions from the prescribing practitioners.

PATIENT INFORMATION

(Complete the following or send patient demographic sheet)

Patient Name: _____
Address: _____
City, State, Zip: _____
Home Phone: _____
Alternate Phone: _____
Last Four of SS #: _____ Primary Language: _____
Date of Birth: _____ Gender: _____

PRESCRIBER INFORMATION

Prescriber's Name: _____
State License #: _____ UPIN: _____
DEA #: _____ NPI #: _____
Group or Hospital: _____
Address: _____
City, State Zip: _____
Phone: _____ Fax: _____
Contact Person: _____ Phone: _____

INSURANCE INFORMATION (Please copy and attach the front and back of insurance and prescription drug card)

Prescription Card:	Name of Insurer: _____	ID#: _____	BIN: _____	PCN: _____	Group: _____
Primary Insurance:	Subscriber: _____	ID#: _____	Name of Insurer: _____	Phone: _____	
Secondary Insurance:	Subscriber: _____	ID#: _____	Name of Insurer: _____	Phone: _____	

DIAGNOSIS AND CLINICAL INFORMATION

Primary Diagnosis: _____ Height: _____
Secondary Diagnosis: _____ Weight: _____
Allergies: _____

PRESCRIPTION INFORMATION

MEDICATION	STRENGTH	DIRECTIONS	QUANTITY	REFILLS
<input type="checkbox"/> Sivextro	200mg	Once daily for 6 days		
<input type="checkbox"/> Zyvox	600mg	Every 12 hours for 10-14 days		
<input type="checkbox"/> Difcid	200mg	Twice a day for 10 days		
<input type="checkbox"/> Baraclude	0.5 to 1mg	Once daily		
<input type="checkbox"/> Cresemba	372mg	Initial: 372mg (isavuconazole 200mg) every 8 hours for 6 doses. Maintenance: 372mg (isavuconazole 200mg) once daily.		
<input type="checkbox"/> Pylera	(bismuth subcitrate potassium 140mg, metronidazole 125mg, tetracycline HCL 125mg) Each dose includes 3 capsules.	Take 4 time a day, after meals and at bedtime for 10 days.		
<input type="checkbox"/> Xifaxan	<input type="checkbox"/> 200 mg <input type="checkbox"/> 550mg	_____ Take 1 tablet 3 times daily for 14 days		

X

Physician's Signature

(Date)

I authorize Metier Pharmacy and its representative to act as an agent to initiate and execute the insurance prior authorization process.

IMPORTANT NOTICE: This facsimile transmission is intended to be delivered only to the named addressee and may contain material that is confidential, privileged, proprietary or exempt from disclosure under applicable law. If it is received by anyone other than the named addressee, the recipient should immediately notify the sender at the address and telephone number set forth herein and obtain instructions as to disposal of the transmitted material. In no event should such material be read or retained by anyone other than the named addressee, except by express authority of the sender to the named addressee.