Altruix

Phone: 215-494-9403
Fax: 215-357-2129
trevosespecialty@altruix.com
3800 Horizon Blvd # 103, Trevose, PA 19053

Please note: Altruix can accept only original prescription drug orders from patients. Faxed prescriptions can be accepted only from the prescribing practitioners.

PATIENT INFO			PRESCRIBER INFO		
Last Name, First Name	SSN		Today's Date	DEA #	
Date of Birth			Prescriber Name	NPI #:	
Home Phone Number	Other Phone Number		Address	City, State	Zip
Home Address	City, State	Zip	Phone Number	Fax Number	
Shipping Address (if different from home address)			**Office Contact** Prefers: ○ Fax ◉ Phone		

INSURANCE		
Rx ID		
RXGRP#	RXBIN#	RXPCN#

COMPLETE OR FAX FRONT AND BACK COPIES OF INSURANCE, PRESCRIPTION AND/OR CO-PAY ASSISTANCE CARD(S)

When is the Patient due for the injection?

CLINICAL INFORMATION

Please provide any drug allergies (if applicable):

Diagnosis code:

ATTACH PRESCRIPTION HERE			
Rx	DRUG:		
	SIG:		
REFILLS:_____	QTY TO DISPENSE:_____	SHIP TO: HOME__ OFFICE__	
Prescriber Signature:		DATE:_____/_____/_____	