



11670 San Vicente Blvd., #A
Los Angeles, CA 90049
Phone: (310) 826-1111
Fax: (310) 826-1115

PHYSICIAN'S INFORMATION:

NAME: _____ DATE: _____
NPI #: _____ DEA #: _____
PHYSICIAN'S TELEPHONE #: _____ PHYSICIAN'S FAX #: _____

PATIENT'S INFORMATION:

NAME: _____ DATE OF BIRTH: ____/____/____
ADDRESS: _____ CELL #: _____
CITY: _____ STATE: _____ ZIP CODE: _____ HOME #: _____

INSURANCE INFORMATION:

NAME OF INSURANCE: _____ ID #: _____
BIN #: _____ RX PCN #: _____ RX GROUP #: _____

CREDIT CARD INFORMATION:

NAME ON CREDIT CARD: _____ ZIP CODE: _____
CREDIT CARD #: _____ EXP DATE: _____ SECURITY #: _____

REMIND PATIENT:

- The credit card WILL NOT be charged until Allure Pharmacy calls the patient, details the costs, and receives verbal approval from the patient.
- Allure Pharmacy will ship Avenova via next day shipping for free.

AVENOVA Spray 80 mL Bottle

- Sig:** _____
- Use twice daily or as directed**
- Refills:** _____
- Dispense as written / Do not substitute**
- Previous generic tried and failed**
- Including:** _____



PHYSICIAN SIGNATURE: _____

Avenova[®]

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