

FAX INSTRUCTIONS

PRIMARY FAX NUMBER: 1.855.848.3661

SECONDARY FAX NUMBER: 1.877.783.3661

ePrescribe ID - NPI# 1649520859

SureScripts ID - PKX19365230383431554

Fax all orders to our primary fax line. Be sure to fax one order form per page to ensure all information is successfully delivered.

PLEASE FAX:

- Patient's demographics with Social Security number or Drivers License number
- Insurance information
- A copy of the prescription card
- The prescription order

Be sure ALL of the order information is completed, especially the following:

- Patient name, DOB, contact number
- Fill in Quantity to Dispense
- Circle Refill Option
- **Physician's Signature and Date**

NOTE:

Customer satisfaction is our top priority. Please include all required information in order for the prescription to be processed and shipped to the patient in a timely manner. There will be a delay if any information is missing.

DELIVERY INSTRUCTIONS:

For tracking purposes, all prescriptions are sent via USPS Priority Mail. Most orders are delivered within 3-5 business days.

CUSTOMER SERVICE:

If there are any concerns or issues, contact **1.877.558.7943** or email customer service **orders@willowpharmacy.net**.