

Prescriber Cover Page

Use this form to provide your doctor with information for your prescriptions.

FOR PATIENTS

Patient Information

Email Address Required						
Last Name			First Name			MI
Delivery Address			Apt., Ste. #			
City	State	ZIP (Code	Phone Number (with area code)	1	
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Healthcare Provider Name			Healthcare Provider Phone			
Medications requested						

Note: Please note we are unable to fill any prescription drugs not on our website.

FOR PROVIDERS

Providers: Please follow the instruction below to submit electronic prescriptions (eRx).

Perform a pharmacy search in your EHR for "CostPill"

NCPDP ID: 5682059

IMPORTANT: Our pharmacy system requires an email address to match each prescription to a patient.

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