Faxed or E-scribed Prescriptions will only be accepted from a prescribing practitioner. Patients must bring an original prescription to the pharmacy.

Section Pelever to: Pele	Specialty Pharmacy end your RX to:		Access Specialty Pharmac Fax: 661-489-3553				nacy	If you have any questions or concerns, Please contact us at 661-489-3500 or toll free (833-647-082				
Patient Name:										Inje		
Soc. Sec Preferred Phone: Known Allergies: Zip:												
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3. Diagnostic/Clinical Information Diagnosis: ICD-10: Serum Creatinine: Pieze FAX recent clinical notes, labs, Tests, with the prescription Diagnosis: Viral Load: Date of Labs: Pieze No Hep B test completed? Yes No Hep C test completed? Yes No Hep C test completed? Yes No Hep B test completed? Yes No Hep C test completed?					Key	Con	tact:		_			
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