53-13 5th Avenue
Brooklyn, NY 11220
Tel: (718) 567-8000
Fax: (718) 765-9056
www.healthmaxny.com

PRESCRIPTION FAX FORM

PATIENT NAME: _____ _____ DOB: ___/___/____
First **Last**

Address: _____ Apt. #:_____

City: _____ State: _____ Zip Code: _____ Phone: (____) ____-_____

Subscriber/Cardholder Information:

RX INSURANCE PLAN:

_____

RX BIN #: _____

RX GROUP #: _____

RX ID: _____

TAPE

PRESCRIPTION

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Please Fax the Rx to:

(718) 765-9056

***Don't forget to *mail* us the *original* prescription after you fax it over!**