Valid if transmitted by facsimile machine only

|  |  |
| --- | --- |
| **PATIENT INFORMATION** |  |
| PATIENT ID: 48167 |
| FIRST NAME: Heba | LAST NAME: Mannaa |
| DATE OF BIRTH: 1/1/2015 |
| PHONE: 0 |
| ADDRESS: heba@noblesvillelowcostpharmacy.com |
| CITY: Noblesville | STATE: IN | ZIP: 46062 |
| ALLERGIES: |

|  |  |
| --- | --- |
| **PRESCRIPTION INFORMATION** |  |
| DRUG: FINASTERIDE 0.1% TOPICAL SOLUTION NEW |
| QUANTITY: 90ML |
| REFILLS: 5 |
| INSTRUCTIONS/SIG: Apply to aa as directed |
| COMMENTS: |

|  |  |
| --- | --- |
| **PRESCRIBER** |  |
| NAME: Heba Mannaa | TEL: 3172315252 | NPI: 123456789 |
| ADDRESS: 758 westfield rd |
| SIGNATURE: Heba Mannaa | DATE: 2023-11-17 20:45:09 |

Disclaimer: Altering the default doctor fax message could conflict with state or federal regulations. Before modifying the text above, please reference your pharmacy board guidelines for proper formatting.