

**Prescription Order**

**FAX TO: 615-312-9903**

**MMS Phone: 855-691-0963 (toll free); 615-312-9888 (local)**

<b>Date:</b> _____	<b>Facility Name:</b> _____
<b>PO#:</b> _____	<b>Metro Account #:</b> _____
<b>Patient Last Name:</b> _____	<b>Facility Phone:</b> _____
<b>Patient First Name:</b> _____	<b>Facility Fax:</b> _____
<b>Patient Date of Birth:</b> _____	<b>Facility Address:</b> _____
<b>Patient Phone:</b> _____	<b>Facility City, ST, Zip:</b> _____
<b>Patient Address:</b> _____	
<b>Patient City, ST, Zip:</b> _____	

\*\*\*Orders cannot be shipped directly to Patient

\*\*All orders must be shipped to the Prescriber address or Facility/Site of Care Address

**Drug Allergies:** \_\_\_\_\_

<u>ITEM #</u>	<u>MEDICATION</u>	<u>QTY</u>	<u>DIRECTIONS FOR USE</u>
	Sirturo 100mg tabs (NDC:59676-0701-01)	68	Take 400mg daily for 2 weeks
Other	_____	_____	then 200mg 3 x a week for 2 weeks
Other	_____	24 w/4 refills	Take 200mg 3 x a week
Other	_____	12	Take 200 mg 3 x a week.
Other	_____	_____	_____
Other	_____	_____	_____
Other	_____	_____	_____
Other	_____	_____	_____
Other	_____	_____	_____

**Prescriber Name:** \_\_\_\_\_ **Prescriber Phone:** \_\_\_\_\_

**Prescriber NPI:** \_\_\_\_\_ **Prescriber Signature:** \_\_\_\_\_

**SHIPPING METHOD**

**2nd Day Air**  
 **(Standard Method)**       **Overnight**

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