

TO ePRESCRIBE SELECT *DIRECT SUCCESS PHARMACY* OR SEARCH BY ZIP - 07727

## METOPIRONE® (metyrapone USP) CAPSULES

### PATIENT INFORMATION

PATIENT FIRST NAME \_\_\_\_\_ PATIENT LAST NAME \_\_\_\_\_ DATE OF BIRTH (MM/DD/YYYY) \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

( )  
BEST PHONE # TO REACH PATIENT \_\_\_\_\_ PATIENT GUARDIAN NAME (IF UNDER 18) \_\_\_\_\_

PERMISSION TO CONTACT PATIENT VIA TEXT, EMAIL AND BY PHONE

#### INSURANCE INFO:

RXBIN # \_\_\_\_\_ PCN # \_\_\_\_\_ ID # \_\_\_\_\_ RX GROUP # \_\_\_\_\_ POLICY HOLDER \_\_\_\_\_

### PRESCRIPTION INFORMATION

Direct Success Pharmacy fax printers are secure and in compliance with the HIPAA Privacy Standards.

METOPIRONE 250mg

*Metopirone must be dispensed in quantities of 18 capsules.*

DIRECTIONS OF USE:

\_\_\_\_\_ REFILLS

ADDITIONAL PRESCRIPTIONS:

PRESCRIBER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



INITIALS REQUIRED - DO NOT SUBSTITUTE: \_\_\_\_\_  
AND IF YOUR STATE LAW REQUIRES ADDITIONAL LANGUAGE TO SIGNIFY NO  
GENERIC SUBSTITUTION, ADD SUCH LANGUAGE BELOW:

### HCP INFORMATION

HCP FIRST NAME \_\_\_\_\_

HCP LAST NAME \_\_\_\_\_

OFFICE ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

NPI # / LIC # \_\_\_\_\_

( )  
FAX # \_\_\_\_\_

( )  
PHONE # \_\_\_\_\_

### MEDICAL INFORMATION

DRUG ALLERGIES: \_\_\_\_\_ OTHER MEDICATIONS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### PLEASE CONFIRM YOU HAVE INCLUDED:

- Patient's Full Name
- Patient's Birth Date
- Date Prescription Written
- Your NPI or State License Number
- Your Signature (**SIGNATURE STAMPS ARE NOT ACCEPTED**)

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**IF YOU HAVE ANY QUESTIONS PLEASE CALL DIRECT SUCCESS PHARMACY AT 888.959.7600**