phil + addyi (flibanserin) 100mg tablets

Smarter Prescriptions
Fax (888) 975-0603

Patient Name _____ DOB _____ Sex M / F

Cell Phone _____ Delivery Address _____

_____

Prescriptions

Medication	Strength	QTY	Directions	Form (cap, tab, etc.)	Refills
Addyi® (flibanserin)	100mg			Tablet	

DAW

ICD-10 _____

Past Tried/Failed Meds _____

[REQUIRED]: Person Sending Fax First Name _____ Last Name _____

Provider Signature _____ Date _____

Provider Information

Provider's Name _____ DEA _____ NPI _____

Office Address _____ City _____

State & ZIP _____ Office Phone _____ Fax _____

Click addyi.com/pi for Full Prescribing Information, including Boxed Warning regarding hypotension and syncope in certain settings, and Medication Guide.