

Referring Clinic Name: \_\_\_\_\_

## STEP 1 – PATIENT SECTION

Patient Name \_\_\_\_\_ Date      /      /       
*mm dd yyyy*

Date of Birth      /      /      Patient ID/SSN \_\_\_\_\_  
*mm dd yyyy*

Patient Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Annual Household Income \_\_\_\_\_ # of People in Household \_\_\_\_\_  M  F

Food/Medications you are allergic to \_\_\_\_\_

Other Medications you are taking and Medical Conditions \_\_\_\_\_

### Shipping address if different from above:

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**PLEASE NOTE THAT CONTROLLED SUBSTANCES CANNOT BE SHIPPED TO A P. O. BOX OR DOCTOR'S OFFICE. YOU MUST ENCLOSE A COPY OF A PHOTO ID AND SOCIAL SECURITY CARD/GREEN CARD IF YOU ARE ORDERING A CONTROLLED SUBSTANCE. MEDICATIONS WILL SHIP WITHIN 10-14 DAYS.**

## STEP 2 – PHYSICIAN SECTION

**PLEASE DO NOT USE FORM BELOW FOR CONTROLLED SUBSTANCES – ATTACH SEPARATE PRESCRIPTION.**

Rx 1 – Drug Name \_\_\_\_\_ Strength \_\_\_\_\_  
Directions \_\_\_\_\_ Quantity  90 Days  180 Days Refills (Check One)  1  2  3

Rx 2 – Drug Name \_\_\_\_\_ Strength \_\_\_\_\_  
Directions \_\_\_\_\_ Quantity  90 Days  180 Days Refills (Check One)  1  2  3

Rx 3 – Drug Name \_\_\_\_\_ Strength \_\_\_\_\_  
Directions \_\_\_\_\_ Quantity  90 Days  180 Days Refills (Check One)  1  2  3

**PHYSICIAN MUST SIGN BELOW. PLEASE ATTACH ANY ADDITIONAL PRESCRIPTIONS TO THIS FORM.**

\_\_\_\_\_  
SUBSTITUTION PERMITTED (Physician Signature)      /      /      Dispense as Written  
*mm dd yyyy*

Physician Name \_\_\_\_\_ DEA Number \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## STEP 3 – PAYMENT INSTRUCTIONS

**Payment Options:** Check or Money Order payable to Rx Outreach, or Credit Card (Visa, MasterCard or Discover only).  
Please do not send cash.

**Payment Amount:** Please refer to drug list and prices on the reverse side.

Credit Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  Visa  MasterCard  Discover  
Expiration Date      /     

Event Code

900

I authorize Rx Outreach to charge this credit card for payment:

Name on Card: \_\_\_\_\_ Card Holder Signature \_\_\_\_\_

### Mail Form and Payment to:

Rx Outreach / P. O. Box 66536 / St. Louis, MO 63166-6536

Rx Outreach is a fully licensed pharmacy. Rx Outreach reserves the right to add or delete medicines available, change fees, or discontinue the program at any time. Rx Outreach does not accept returns of unused medicine dispensed pursuant to a valid prescription or refund fees for any such prescription. You are responsible for the package upon delivery. All prescriptions are evaluated by a pharmacist before being filled. The quantity may be limited based on dose restrictions set by therapeutic guidelines and state regulations. We cannot ship controlled substances to a P. O. Box or doctor's office. Your shipping address for these must be a deliverable U. S. Postal Service street address. ©2011 Rx Outreach All rights reserved. Rev 10/11 ADVRXO-1011

Rx Outreach Medication	Available Strengths	90-Day	180-Day	Fee per quantity	Rx Outreach Medication	Available Strengths	90-Day	180-Day	Fee per quantity
Acyclovir	200mg cap, 400mg tab, 800mg tab	n/a	\$20		Letrozole	2.5mg	\$30	\$55	
Afedintab CR (Nifedipine CR)	30mg, 60mg	\$50	\$95		Levetiracetam	250mg, 500mg, 750mg	\$50	\$95	
Alendronate (1/week dosage)	70mg (limit: 12 for 90; 24 for 180)	\$25	\$45		Levetiracetam ER	500mg, 750mg	n/a	n/a	\$80 up to 180 tabs
Allopurinol	100mg, 300mg	n/a	\$20		Levothyroxine	mcg: 25, 50, 75, 88, 100, 112, 125, 137, 150, 175, 200, 300	n/a	\$20	
Alprazolam (CS)	0.25mg, 0.5mg, 1mg, 2 mg	\$35	n/a		Lisinopril/HCTZ	10/12.5mg, 20/12.5mg, 20/25mg	n/a	\$20	
Amiodarone	200mg	\$30	\$55		Lisinopril	mg: 2.5, 5, 10, 20, 30, 40	n/a	\$20	
Amitriptyline	mg: 10, 25, 50, 75, 100, 150	\$20	n/a		Lithium Carbonate	300mg	\$25	n/a	
Amlodipine	2.5mg, 5mg, 10mg	\$25	\$45		Lorazepam (CS)	0.5mg, 1mg, 2mg	\$35	n/a	
Aricept®	5mg, 10mg	\$25	n/a		Losartan Potassium	25mg, 50mg, 100mg	\$25	\$45	
Atenolol/Chlorthalidone	50/25mg, 100/25mg	n/a	\$20		Losartan/HCTZ	50/12.5mg, 100/12.5mg, 100/25mg	\$25	\$45	
Atenolol	25mg, 50mg, 100mg	n/a	\$20		Lovastatin	10mg, 20mg, 40mg	n/a	\$20	
Baclofen	10mg, 20mg	\$15	n/a		Meclizine HCL	12.5mg, 25mg	\$30	\$55	
Belladonna Alkaloids/Phen	N/A	\$20	n/a		Medroxyprogesterone	2.5mg, 5mg, 10mg	\$15	n/a	
Benazepril/HCTZ	mg: 5/6.25, 10/12.5, 20/12.5, 20/25	\$25	\$45		Meloxicam	7.5mg, 15mg	\$20	n/a	
Benazepril	5mg, 10mg, 20mg, 40mg	n/a	\$20		Metformin HCL ER	500mg, 750mg	n/a	\$20	
Benzotropine	0.5mg, 1mg, 2mg	n/a	\$20		Metformin HCL	500mg, 850mg, 1000mg	n/a	\$20	
Bicalutamide	50mg	\$35	\$65		Methotrexate	2.5mg	\$25	n/a	
Bisoprolol/HCTZ	mg: 2.5/6.25, 5/6.25, 10/6.25	n/a	\$20		Metoclopramide HCL	5mg, 10mg (limit 1 fill only, no refills)	\$20	n/a	
Bumetanide	0.5mg, 1mg, 2mg	n/a	\$20		Metolazone	2.5mg, 5mg	\$35	\$65	
Bupropion HCL	75mg, 100mg	\$40	n/a		Metoprolol Tartrate	25mg, 50mg, 100mg	n/a	\$20	
Bupropion HCL SR	100mg, 150mg, 200mg	\$65	n/a		Minocycline	50mg, 75mg, 100mg	\$45	\$85	
Bupropion HCL XL	150mg, 300mg	\$65	n/a		Minocycline HCL	50mg, 75mg	\$45	\$85	
Buspirone	5mg, 10mg, 15mg	\$20	n/a		Mirtazapine	15mg, 30mg, 45mg	\$30	n/a	
Buspirone	30mg	\$35	n/a		Nabumetone	500mg, 750mg	\$35	n/a	
Captopril	12.5mg, 25mg, 50mg, 100mg	n/a	\$20		Nadolol	20mg, 40mg, 80mg	n/a	\$20	
Carbamazepine	200mg	n/a	\$20		Naproxen Sodium	550mg	\$25	n/a	
Carbidopa / Levodopa SR	25/100mg, 50/200mg	\$45	\$85		Naproxen	250mg, 375mg, 500mg	\$20	n/a	
Carbidopa / Levodopa	10/100mg, 25/100mg, 25/250mg	\$45	\$85		Nitroglycerin SA	2.5mg, 6.5mg, 9mg	\$45	\$85	
Carvedilol	3.125mg, 6.25mg, 12.5mg, 25mg	n/a	\$20		Nortriptyline HCL	10mg, 25mg, 50mg, 75mg	\$20	n/a	
Chlorpromazine HCL	10mg, 25mg, 50mg, 100mg, 200mg	\$35	n/a		Omeprazole	10mg, 20mg, 40mg	\$35	\$65	
Chlorthalidone	25mg, 50mg	n/a	\$20		Ondansetron ODT	4mg, 8mg	\$50	\$95	
Clostrazol	50mg, 100mg	\$30	\$55		Ondansetron	4mg, 8mg	\$50	\$95	
Citalopram	10mg, 20mg, 40mg	\$20	n/a		Oxaprozin	600mg	\$50	n/a	
Clindamycin HCL	150mg	\$45	\$85		Oxybutynin	5mg	n/a	\$20	
Clonazepam (CS)	0.5mg, 1mg, 2mg	\$35	n/a		Paroxetine HCL	10mg, 20mg, 30mg, 40mg	\$20	n/a	
Clonidine HCL	0.1mg, 0.2mg, 0.3mg	n/a	\$20		Pentoxifylline ER	400mg	\$30	\$55	
Cyclobenzaprine	10mg	\$25	n/a		Phenytoin Sodium	100mg	\$45	\$85	
Diazepam (CS)	2mg, 5mg, 10mg	\$35	n/a		Potassium Chloride, Oral Solution	1.5g (20mEq), 1.875g (25mEq)	\$25	n/a	
Diclofenac EC	50mg, 75mg	\$25	n/a		Potassium Chloride ER	8mEq, 10mEq, 20mEq	n/a	n/a	\$15 up to 90 tabs
Diclofenac ER	100mg	\$40	n/a		Potassium Citrate	540mg (5mEq), 1080mg (10mEq)	n/a	n/a	\$15 up to 90 tabs
Dicyclomine	10mg cap, 20mg tab	n/a	\$20		Pravastatin	10mg, 20mg, 40mg	n/a	\$20	
Digoxin	0.125mg, 0.25mg	n/a	\$20		Prazosin	1mg, 2mg, 5mg	n/a	\$20	
Diltiazem ER (24hr) (Dilt-XR)	120mg, 180mg, 240mg	n/a	n/a	\$40 up to 90 caps	Prednisone	mg: 1, 2.5, 5, 10, 20, 50	\$20	n/a	
Diltiazem ER (Dilt-CD)	120mg, 180mg, 240mg, 300mg	n/a	n/a	\$40 up to 90 caps	Prochlorperazine	5mg, 10mg	n/a	\$20	
Diphenoxylate/Atropine (CS)	2.5/0.025mg	\$35	n/a		Propafenone HCL	150mg, 225mg, 300mg	\$40	\$75	
Divalproex NA DR	125mg, 250mg, 500mg	\$45	\$85		Propranolol	10mg, 20mg, 40mg, 80mg	n/a	\$20	
Doxazosin Mesylate	1mg, 2mg, 4mg, 8mg	n/a	\$20		Propylthiouracil	50mg	\$35	\$65	
Doxepin	10mg, 25mg, 50mg, 75mg, 100mg	\$15	n/a		Quaalun®	324mg (For Malaria Treatment Only)	\$15	n/a	
Enalapril/HCTZ	5/12.5mg, 10/25mg	n/a	\$20		Quinapril	5mg, 10mg, 20mg, 40mg	\$30	\$55	
Enalapril Maleate	2.5mg, 5mg, 10mg, 20mg	n/a	\$20		Ramipril	1.25mg, 2.5mg, 5mg, 10mg	\$25	\$45	
Estradiol	0.5mg, 1mg, 2 mg	n/a	\$20		Ranitidine	150mg, 300mg	n/a	\$20	
Etiopipate	0.625(0.75mg), 1.25(1.5mg)	n/a	\$20		Risperidone	0.25mg, 0.5mg, 1mg, 2mg, 3mg, 4mg	\$45	n/a	
Etodolac	200mg, 300mg cap; 400mg, 500mg tab	\$30	n/a		Ropinirole HCL	0.25mg, 0.5mg, 1mg, 2mg	\$45	\$85	
Famotidine	20mg, 40mg	n/a	\$20		Sertraline	25mg, 50mg, 100mg	\$35	n/a	
Finasteride	5mg	\$50	\$95		Simvastatin	5mg, 10mg, 20mg, 40mg, 80mg	\$25	\$45	
Fluoxetine	10mg, 20mg, 40mg	\$15	n/a		Spironolactone	25mg	n/a	\$20	
Fluticasone nasal spray	50mcg (Limit: 3 for 90; 6 for 180)	\$50	\$90		Sprintec®	28's (Limit: 3 for 90; 6 for 180)	\$35	\$65	
Folic Acid	1mg	n/a	\$20		Sulfamethoxazole/Trimethoprim DS	800mg/160mg	n/a	\$20	
Furosemide	20mg, 40mg, 80mg	n/a	\$20		Sumatriptan Succinate	25mg, 50mg, 100mg	\$35	n/a	
Gabapentin capsule	100mg, 300mg, 400mg	n/a	n/a	\$30 up to 270 caps	Tamoxifen Citrate	10mg, 20mg	\$25	\$45	
Gabapentin tablet	600mg, 800mg	n/a	n/a	\$45 up to 270 tabs	Tamsulosin	0.4mg	\$30	\$55	
Gemfibrozil	600mg	\$30	\$55		Temazepam (CS)	15mg, 30mg	\$35	n/a	
Glimepiride	1mg, 2mg, 4mg	n/a	\$20		Terazosin	1mg, 2mg, 5mg, 10mg	n/a	\$20	
Glipizide ER	2.5mg, 5mg, 10mg	\$35	\$65		Theophylline ER	100mg, 200mg, 300mg	\$30	\$55	
Glipizide	5mg, 10mg	n/a	\$20		Ticlopidine	250mg	\$35	\$65	
Glyburide, micronized	1.5mg, 3mg, 6mg	n/a	\$20		Tizanidine HCL	2mg, 4mg	\$30	n/a	
Glyburide/Metformin	1.25/250mg, 2.5/500mg, 5/500mg	\$30	\$55		Topiramate	25mg, 50mg, 100mg, 200mg	\$35	\$65	
Glyburide	1.25mg, 2.5mg, 5mg	n/a	\$20		Tramadol (CS)	50mg	\$35	n/a	
Haloperidol	0.5mg, 1mg, 2mg, 5mg	\$25	n/a		Trandolapril	1mg, 2mg, 4mg	\$30	\$55	
Hydralazine	10mg, 25mg, 50mg	\$25	\$45		Trazodone	50mg, 100mg, 150mg	\$20	n/a	
Hydrochlorothiazide	12.5mg cap, 25mg tab, 50mg tab	n/a	\$20		Tri-Sprintec®	28's (Limit: 3 for 90; 6 for 180)	\$35	\$65	
Hydroxychloroquine	200mg	\$25	\$45		Triamterene/HCTZ	37.5/25mg	n/a	\$20	
Hydroxyurea	500mg	n/a	n/a	\$25 up to 90 caps	Triamterene/HCTZ	37.5/25mg, 75/50mg	n/a	\$20	
Ibuprofen	400mg, 600mg, 800mg	\$20	n/a		Venlafaxine	mg: 25, 37.5, 50, 75, 100	\$45	n/a	
Indapamide	1.25mg, 2.5mg	n/a	\$20		Venlafaxine ER	37.5mg, 75mg, 150mg	\$45	n/a	
Isoniazid	300mg	n/a	\$20		Verapamil SR	120mg, 180mg, 240mg	\$35	\$65	
Isosorbide Mononitrate ER	30mg, 60mg, 120mg	n/a	\$20		Verapamil	40mg, 80mg, 120mg	n/a	\$20	
Isosorbide Mononitrate	10mg, 20mg	n/a	\$20		Warfarin	mg: 1, 2, 2.5, 3, 4, 5, 6, 7.5, 10	\$25	n/a	
Labetalol HCL	100mg, 200mg, 300mg	\$30	\$55		Zaleplon (CS)	5mg, 10mg	\$35	n/a	
Lamotrigine	25mg, 100mg, 150mg, 200mg	\$40	\$75		Zolpidem Tartrate (CS)	5mg, 10mg	\$35	n/a	
Leflunomide	10mg, 20mg	\$50	n/a		Zonegran®	25mg, 100mg	\$25	n/a	

(CS) Controlled Substance

All prescriptions are evaluated by a pharmacist before being filled. The quantity may be limited based on dose restrictions set by therapeutic guidelines and state regulations.