

Prescriber Cover Sheet for New Prescriptions

Prescriber Information:

Our Pharmacy Information:

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|----------|------------------|
| Date: | Pharmacy Name: |
| Send to: | Phone Number: |
| Fax #: | Pharmacist Name: |

In the state of Rhode Island, rules and regulations indicate that new prescriptions are required to come directly from the prescriber. We have received a script that needs to be made at a Compounding Pharmacy. Please forward the prescription to Bayview Pharmacy.

The fax number is **401-284-4506**, or they can be contacted by phone at 401-284-4505. Thank you.



Attach Prescription Here or include on separate page.