



PRESCRIPTION ORDER FORM

PRESCRIBER INFORMATION:

NAME: _____ NPI: _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____ PHONE: _____ FAX: _____

PATIENT INFORMATION:

NAME: _____ DATE OF BIRTH: _____

PHONE: _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____ ALLERGIES: _____

PRESCRIPTION INFORMATION:

Flector® (DICLOFENAC EPOLAMINE) TOPICAL SYSTEM 1.3% QUANTITY

(circle - multiples of 30): 30 60 OTHER: _____

DIRECTIONS: _____

REFILLS: _____

PRESCRIBER SIGNATURE: _____ DATE: _____

To E-PRESCRIBE, use the following information:

Name: Highland Specialty Pharmacy
City: Hattiesburg State: Mississippi (MS) Zip: 39402
Pharmacy Type: Retail NPI: 1679833404 NCPDP: 2588842

***Highland Specialty Pharmacy will contact the patient via phone & text from
601-268-6033 within 24 hours of receipt of prescription***

FAX: 601-268-6690 PHONE: 601-268-6033 TOLL FREE: 855-894-4441
Hours of Operation: Monday - Friday 9am to 5pm CST