

Fax Transmittal to: Brand Direct Health Pharmacy

(866) 227-5928

Complete form in its entirety

Patient's name: _____

Patient's phone number: (_____) _____ - _____

Patient's date of birth: ____/____/____

Caregiver's name: _____

Caregiver's phone number: (_____) _____ - _____

Primary contact:

- Patient
- Caregiver

Language:

- English
- Spanish

Copy of prescriber's business card or letterhead

NPI #: _____ Doctor's phone number: _____ DEA #: _____

- Axona® (1 QD) X 3 refills
- Dispense 3 boxes (90 packets)

Prescriber's signature: _____ (REQUIRED) Date: _____

Ph: (866) 331-6440
Fax: (866) 227-5928
customerservice@branddirecthealth.com



Brand Direct Health
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Mandeville, LA 70471

For more information about Axona, visit www.about-axona.com.



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