



eRx: BlinkRx U.S. Boise, Idaho
Phone: 1 (844) 759-0782
Fax: 1 (866) 585-4631

BlinkRx
 12639 W Explorer Dr, Suite 100
 Boise, ID 83713

Patient Name:
Delivery Address:

DOB:	Sex:
Cell Phone:	

MEDICATION	STRENGTH	DIRECTIONS (SIG)	DAW	QTY.	REFILLS
Licart®	<input type="checkbox"/> 1.3% diclofenac epolamine	<input type="checkbox"/> Apply one LICART topical system to the most painful area once daily <input type="checkbox"/> Other: _____ _____ _____	<input type="checkbox"/>	<input type="checkbox"/> 15 patches <input type="checkbox"/> 30 patches	

NOTE TO PHARMACIST

Past Tried/Failed Meds:

Provider Signature:	Date:
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The prescriber's signature shall validate the prescription and, unless the prescriber handwrites "brand necessary" or "brand medically necessary," shall designate approval of substitution of a drug by a pharmacist pursuant to this act.

PROVIDER INFORMATION

Name:	DEA:	NPI:
Address:		Phone:

For Full Prescribing Information, including Boxed Warning, go to www.Tirosint.com, www.TirosintSQL.com, or www.Licart.com.