



Toll Free Phone 877.291.1122  
 Toll Free Fax 877.291.1155  
 4010 Wedgeway Court  
 Earth City, MO 63045

**Prescription Order Form**  
**Fax to 877.291.1155**

**Patient Information:**

Name \_\_\_\_\_  Male  Female Date \_\_\_\_\_

Contact Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_ Allergies \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

**Please Attach a Copy of Insurance Card(s)**  
**(Front and Back)**

Diagnosis / ICD-9 Code/ ICD-10 Code \_\_\_\_\_

Product	Quantity
<input type="checkbox"/> AeroChamber Plus® Flow-Vu® w/Mouthpiece	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
<input type="checkbox"/> AeroChamber Plus® Flow-Vu® w/Small mask (0-18 months)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
<input type="checkbox"/> AeroChamber Plus® Flow-Vu® w/Medium mask (1-5 years)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
<input type="checkbox"/> AeroChamber Plus® Flow-Vu® w/Large mask (5 years +)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4

**Foundation Care is a full service retail pharmacy. All of your prescriptions are available from Foundation Care.**

**Prescribing Physician Information:**

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_

Physician Name \_\_\_\_\_ Practice/Facility Name \_\_\_\_\_ Physician Specialty \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email Address \_\_\_\_\_

DEA # \_\_\_\_\_ NPI # \_\_\_\_\_

Name of Contact Person \_\_\_\_\_ Contact Person #, ext or email \_\_\_\_\_