**NASCOBAL®**
**(Cyanocobalamin, USP) Nasal Spray**

**Nutrition Direct™ Enrollment Form**

**Prescriber Instructions:** Please complete and fax this form to 855-828-1492.
If you have any questions, please contact ProCare PharmacyCare at 855-828-1488.

## ① PATIENT INFORMATION — to be completed by patient

| | | | |
|---|---|---|---|
| Patient Last Name: Connolly | Patient First Name: Marie | Patient MI: A | Date |
| Delivery Address: 1006 Lake Bridge Dr. | | | Apt# |
| City: Ormond Beach | State: FL | ZIP: 32174 | |
| Phone (Home): 386-586-1175 | Phone (Cell) | | |
| Gender ☐M ☑F | Last 4 Digits of SSN (to verify insurance info): 4715 | Date of Birth (mm/dd/yyyy): 11/10/50 | E-mail: mariealdell@gmail.com |
| Prescription Drug Insurer: AARP UHC | Member ID#: 016553582-1 | Group ID#: PDPIND | |
| Rx BIN#: 610097 | Rx PCN#: 9999 | | |

By providing your e-mail address and telephone number(s), you are authorizing ProCare PharmacyCare to contact you by e-mail, phone call, or SMS text message at the address/phone number(s) you provide to convey information relating to fulfillment of your prescription. If you wish to alter or update the personal contact information you have provided above, if you wish to cancel your authorization for receiving communications from ProCare PharmacyCare, or if you wish to cancel your participation in the Nutrition Direct™ program, please contact ProCare PharmacyCare at any time at 855-828-1488. You may opt out of receiving SMS text messages by texting STOP to 78600 from your mobile device. This authorization will expire one year from the date of this form.

## ② PRESCRIBER AND PRESCRIPTION INFORMATION — to be completed by prescriber, -or- attach your office prescription to the lower half of this form, -or- ePrescribe to ProCare PharmacyCare Miramar, FL 33025

Healthcare information is personal and sensitive information. This communication and any attachments contain confidential information and are intended for use by ProCare PharmacyCare only. If you are not the intended recipient, any dissemination, distribution, or copying is strictly prohibited. If you received this communication in error, please notify ProCare PharmacyCare by FAX or phone immediately.

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### NASCOBAL® NASAL SPRAY

500 mcg/spray
1 spray, 1 nostril, 1x a week
Disp #1 pack containing 4 single-use nasal spray devices

### BariActiv® SUPPLEMENTS†

(Multivitamin; Calcium + $D_3$ and Magnesium; Iron + Vitamin C)

☑ Chewables ☐ Tablets + Capsules

Refills: 12

| | | |
|---|---|---|
| Notes to Pharmacy | | |
| Prescriber Name | | |
| NPI# | Office Contact Name | |
| Prescriber Phone | Prescriber FAX | |
| Prescriber Address | | |
| City | State | ZIP |
| **PRESCRIBER SIGNATURE** | | **DATE** |

†If changes are necessary, please clarify in 'Notes to Pharmacy' section.

## ③ PRESCRIBER — FAX completed form to 855-828-1492

*Patients may redeem this offer ONLY when accompanied by a valid prescription. Offer is valid for costs exceeding $25 up to a maximum benefit of $100. In certain circumstances this offer may also cover the first $25 of costs up to a maximum benefit of $150. Offer is not valid for patients whose prescriptions are reimbursed in whole or in part under Medicaid, Medicare, Medigap, VA, DoD, TRICARE, or any other federal or state programs (such as medical assistance programs) or where otherwise prohibited by law. Offer is not valid in VT or where prohibited in whole or in part. This offer may be amended or ended at any time without notice.