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NEW PRESCRIPTION FAX FORM FAX: 1.307.316.0328

STEP 1 Complete all information in this section

Patient Information

Name: ______________ Date of Birth: ______________ Gender: ______

Address: ______________ Email address: ______________

Home phone #: ______________ Cell phone #: ______________

Best time to contact: ☐ AM ☐ Mid-Day ☐ PM Preferred contact method: ☐ phone ☐ text ☐ email

Prescriber information

HCP Name: ______________ NPI #: ______________ DEA #: ______________

Telephone: ______________ Fax: __________ Office Address: ______________

Rx Contact Person: ______________ City: ______________ State: ______

Zip: __________

STEP 2 Fill in prescription information below

☐ **Adiposano #60** (Take 2 PO QD) ☐ none ☐ 3-refills ☐ 6-refills ☐ 9-refills ☐ 11-refills

Medical food statement: Adiposano is intended for the dietary management of pre-metabolic syndrome patients and administration should be supervised by a healthcare professional.

☐ **Cerenx #60** ____ (Take 2 PO QD) ☐ none ☐ 3-refills ☐ 6-refills ☐ 9-refills ☐ 11-refills

Medical food statement: Cerenx® (sodium citicoline) is indicated for the specific requirements of patients under treatment for mild cognitive impairment (MCI) including early cognitive decline and memory loss, and for cerebrovascular events including Transient Ischemic Attack (TIA) and Stroke.

☐ **Umbrellux #60** ____ (1 capsule 15 minutes before meal) ☐ none ☐ 3-refills ☐ 6-refills ☐ 9-refills ☐ 11-refills

Dietary Supplement Statement: Umbrellux™ DAO is indicated for the specific requirements of individuals suspected to be deficient in Diamine Oxidase and those who exhibit dietary histamine intolerance, histamine sensitivity, or characteristics of mast cell activation syndrome.

☐ **Other:** ______________ ☐ none ☐ 3-refills ☐ 6-refills ☐ 9-refills ☐ 11-refills

Signature: ______________________________ Date: ____ /____ / ____

Stamps are not accepted. Signature required.

STEP 3 Sign this prescription and fax to DIEM Product Distribution Center

1.307.316.0328

Fax from the prescriber's secure fax line. Cover sheet is not required.
Incomplete forms will cause a delay in processing.