



# Atropine ORDER FORM

Fax: 866-515-0196

PROMO CODE: \_\_\_\_\_

Patient: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender:  M  F Date: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Allergies: \_\_\_\_\_  No Known Allergies

Email: \_\_\_\_\_

**Auto Refill Program:** By signing here I am requesting to have automatic refills shipped to me monthly

Parent/Guardian Signature: \_\_\_\_\_

**SELECT ONLY ONE CONCENTRATION BELOW**

Atropine 0.01%    Atropine 0.025%    Atropine 0.05%

Ophthalmic Solution Drops  
3.5mL bottle

# of Bottles: \_\_\_\_\_ Refills: \_\_\_\_\_

**Directions:** Instill 1 drop in OS / OD / OU eye(s) at bedtime  
(Please circle one)

OR:

**All orders received will be processed by the following business day for shipping.**

**Patient is required to call pharmacy for a refill: (855)-466-1076.**

**All fields required. Incomplete orders may delay processing.**

Patients reserve the right to receive medications from a pharmacy of their choice. I have reviewed my patient's medical records and determined the medication(s) ordered are medically necessary. I verify I have examined and diagnosed the patient as indicated above. I will comply with state and federal documentation requirements by retaining a copy of this prescription in the patients' medical record. The prescription is to be dispensed as written unless otherwise instructed.

Prescriber Signature: \_\_\_\_\_ Prescriber Name: \_\_\_\_\_ NPI# \_\_\_\_\_

Facility Name: \_\_\_\_\_ Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Prescriber Email: \_\_\_\_\_

**Shipping:**  Ship to Office    Ship to Patient   **Payment:**  Doctor    Patient    Pharmacy Call Patient for Payment

Credit Card Number: \_\_\_\_\_ Exp: \_\_\_\_\_ CVC: \_\_\_\_\_

Credit Card on file ending in: \_\_\_\_\_ Date: \_\_\_\_\_

Compounded drugs are not FDA-approved, which means they have not undergone FDA premarket review for safety, effectiveness, and quality. 503A compounding pharmacies are not required to comply with cGMP requirements but can be inspected by FDA. References available upon request. View potential contraindications at: [www.osrxpharmaceuticals.com/osrx-api-aecontraindication](http://www.osrxpharmaceuticals.com/osrx-api-aecontraindication)  
This facsimile transmission is intended to be delivered to the named addressee and may contain information that is confidential, privileged, and proprietary or exempt from disclosure under applicable law. If it is received by anyone other than the named addressee, the recipient should immediately notify the sender at the address and/ or telephone number set forth herein and obtain instructions as to the transmitted material. In no event should such material be read or retained by anyone other than the named addressee.