

Borbas Pharmacy

Qualified Medical & Surgical Supply

We Care About Our Clients • Daily Pick Up & Delivery

PATIENT INFORMATION

PRESCRIBER INFORMATION

last name

first name

doctor's name

address

[M] [F]
sex

facility name

city

zip

/ / /
dob

Dr license#

Dr NPI#

tel#

emergency tel #

tel#

tel#

primary insurance

fax#

secondary insurance

address

DIAGNOSIS

city

zip

We Accept All Insurances

- Orthopedic Shoes 1 pair
- Custom Inserts 1 pair
- Orthopedic Shoes 1 pair
- Orthopedic Inserts 1 pair
- Custom Shoes 1 pair
- Custom Inserts 1 pair
- Diabetic Shoes 1 pair
- Diabetic Inserts 3 pairs
- Diabetic Shoes 1 pair
- Diabetic Custom Inserts 3 pairs

Date

DR's SIGNATURE

PLEASE MAIL ORIGINAL Rx TO OUR ADDRESS : 2046 BATH AVE, BROOKLYN, NY 11214
PLEASE FAX BACK THIS FORM TO : 718.677.9065 TEL: 800.805.6587; 718.677.9066
IF YOU DON'T WANT TO GET OUR FAXES ANYMORE - PLEASE CALL 718.677.9066