

eRx: BlinkRx U.S. Boise, Idaho **Phone:** 1 (833) 914-3856

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BlinkRx

12639 W Explorer Dr, Suite 100

Boise, ID 83713

Patient Name: Delivery Address:			DOB:		Sex:	
			Cell Phone:			
MEDICATION	STRENGTH	DIRECTIONS (SIG)	DAW	QTY.	REFILLS	
NOTE TO PH	ARMACIST					
Past Tried/Failed Meds:				ICD-10 Code:		
Provider Signature:				Date:		
prescriber's signature shall pharmacist pursuant to this	validate the prescription an s act.	d, unless the prescriber handwrites "brand necessary"	or "brand medically ne	cessary," shall design	nate approval of substitution of a	
ROVIDER INF	FORMATION					
Name:			DEA:		NPI:	
Address:				Phone	:	