



**SYNERA**<sup>®</sup>  
(lidocaine and tetracaine) Topical Patch

## TRANSITION PHARMACY ORDER FAX FORM

**FAX TO: 1-866-694-2555**

**PATIENT ADVOCATES: 1-844-GALENRX (1-844-425-3679)**

**PATIENT INFORMATION:** PLEASE INCLUDE COPY OF FRONT & BACK OF PHARMACY INSURANCE CARD

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

PHONE #: \_\_\_\_\_ CELL PHONE #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ APT/SUITE: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

ANY KNOWN ALLERGIES: \_\_\_\_\_

## PHYSICIAN INFORMATION

NAME: \_\_\_\_\_

DEA #: \_\_\_\_\_ NPI #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE #: \_\_\_\_\_ FAX #: \_\_\_\_\_

OFFICE CONTACT: \_\_\_\_\_ CONTACT PHONE #: \_\_\_\_\_

PHYSICIAN EMAIL: \_\_\_\_\_

## PRESCRIPTION INFORMATION

DRUG/STRENGTH	INSTRUCTIONS	QTY	REFILLS
SYNERA (lidocaine and tetracaine) Topical Patch		____ Cartons (10 patches per carton)	

PHYSICIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**For e-PRESCRIBING, please use the following information for processing requests through your system:**

**Name:** Transition Pharmacy, LLC

**Pharmacy type:** Retail

**City:** Feasterville-Trevoze

**State:** PA **ZIP:** 19053

**NPI #:** 1336325265

**NCPDP #:** 3989603

*There is no additional cost to the patient or physician for this service.*



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