



Desert Hospital Outpatient Pharmacy
1180 N. Indian Canyon Dr., Suite E140
Palm Springs, CA 92262
Phone: 760-323-1001 Fax: 760-323-1144



Fax to: 760-323-1144

DATE: _____

PATIENT INFO	Patient		Phone	
	Address		Date of Birth	
	City		State	Zip
	Known Allergies			
	Insurance Carrier		Identification Number	
	Policy Holders Name	Rx Bin #	Rx Group #	PCN #

ITEM	SIG:
Paragard 1 unit	To be inserted in office

Dispensed to office for in office use only

Patient's Appointment Date ____/____/____ AM/PM (Please circle)

OFFICE INFO	Doctor's Name		Office Phone	
	Address		Office Fax	
	City		State	Zip
	DEA #/NPI #	Prescribers Signature		

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