

SPRITAM[®] (levetiracetam) Tablets for Oral Suspension

Prescription Order Form

Fax to Blink Pharmacy Plus: 866-347-7092

3 Penn Center West, Suite 320, Pittsburgh, PA 15276

Patient Information:

Name _____ Male Female
Address _____ City _____ State _____ ZIP _____
Date of Birth _____ Allergies _____
Diagnosis / ICD10 Code _____
Emergency Contact _____ Relationship _____
Cell Phone _____ Work Phone _____ Email _____

Prescription Information:

- Drug (select strength):** Spritam (levetiracetam) 250mg Tablets for Oral Suspension NDC 43485-0101-60
 Spritam (levetiracetam) 500mg Tablets for Oral Suspension NDC 43485-0102-60
 Spritam (levetiracetam) 750mg Tablets for Oral Suspension NDC 43485-0103-60
 Spritam (levetiracetam) 1000mg Tablets for Oral Suspension NDC 43485-0104-60

Directions: _____

Quantity: _____ **Refill:** _____

Prescriber Information:

Prescriber Signature _____ Date _____
(Dispense as Written)
Prescriber Name _____ Practice/Facility Name _____
NPI # _____
Address _____ City _____ State _____
Phone _____ Fax _____ Email Address _____
Name of Contact Person _____ Contact Person #, ext or email _____

Please attach copy of insurance card (front and back)

Blink Health Fax Number: 866-347-7092