



We have been hard at work adding fax order forms to our website. To access them, prescribers are asked to create an account on the previous screen under 'Prescriber Login'. You will be asked to provide the following information to access your **Personalized Provider Portal**.

## Create Account

Complete the form below to get started.

**Sign Up**

Already have an account? [Sign In](#)

**Drug Catalog**  
Access over 100 fillable order forms with our Drug Catalog Search tool. Order forms are Fillable PDF's, saving you time when prescribing.

**Online Ordering**  
Submit online prescriptions through our HIPAA-secured ordering forms.

**Personalized Portal**  
Your own personalized portal with pre-filled order forms for you and your practice. Saves you time when prescribing.

The signup process is **Quick and Easy**.



Use the attached '**Blank Order Form**' while your account is being approved. Once approved, you will have access to the Drug Catalog, online prescription ordering, and personalized order forms. We are your modern compounding pharmacy.

# NEW PRESCRIPTION ORDER FORM

## 1 Patient Information

Last Name		First Name		MI
Address				Apt. #
City	State	ZIP	Phone Number	
Date of Birth (mm/dd/yyyy)		Sex	<input type="radio"/> M <input type="radio"/> F	Email

## 2 Prescriber and Prescription Information

Prescriber's Name		
Phone Number		Fax Number
Street Address		
City	State	ZIP
NPI	DEA	

**R<sub>x</sub>**

Drug Name: \_\_\_\_\_

Strength: \_\_\_\_\_

Directions: \_\_\_\_\_

\_\_\_\_\_

QTY: \_\_\_\_\_

Refills:  1  2  3  4  5  6  7  8  9  10  Other: \_\_\_\_\_

X \_\_\_\_\_  
Prescriber's Signature Date

## 3 Fill out the Pharmacy Name and Fax number, then fax it to the Pharmacy.

\_\_\_\_\_  
Pharmacy Name

\_\_\_\_\_  
Pharmacy Fax Number

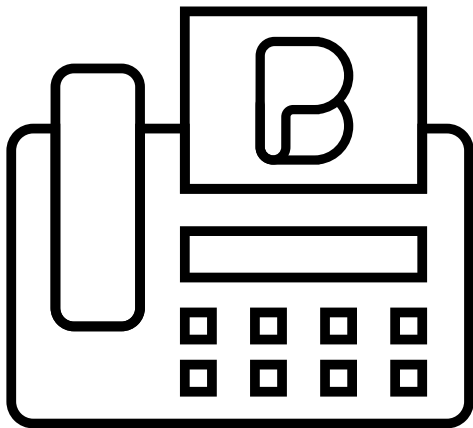
*The pharmacy name & fax # cannot be pre-printed in order to comply with RI Law 216-RICR-40-15-1 section 1.3A10*



Your modern compounding pharmacy.™

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# FAX COVER SHEET



Please fax your order to:

**401-284-4506**

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3844 Post Road, Warwick RI 02886

Phone: 401 - 284 - 4505

[www.bayviewrx.com](http://www.bayviewrx.com)