

Outcome Resources

DRUGSOURCE, INC.

P O Box 1366 · Elk Grove Village, IL 60009-1366

Fax (847) 258-1913

Website: <http://outcome.drugsourceinc.com>

Patient Name _____ D.O.B. _____

Address _____ Ship To: _____

City/State/Zip _____ Ship To: _____

Group Number _____ ID # _____

PLEASE INDICATE STRENGTH, QUANTITY & SIG.

Drug Name	90-Day		Instructions	Additional refills			
	Strength	Qty.		0	1	2	3
				<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>
				<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>
				<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>
				<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>
				<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>
				<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>
				<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>

Please circle: May Substitute Dispense as Written Date: _____

Physician Name: _____ Phone No.: _____

Ⓡ Physician Signature: _____ Fax Number: _____

Ⓡ DEA #: _____ Address: _____

Additional Notes _____

Ⓡ ****Please, fill-in where
signify by arrows.
Thank You**

****If you have any questions or would prefer to call in the prescription, please
call our customer service phone number.**

Toll Free Number: 1-800-854-8764 or inside Chicago metro area: (847) 258-1920