



A Sincerus Pharmaceuticals Company

**FAXED PRESCRIPTION**

Florida Board of Pharmacy Compliant

SKNV Pharmacy, LLC  
3155 SW 10th St, Suite 6A  
Deerfield Beach, FL 33442  
888-210-8111- Phone  
**754-277-4677-Fax**

**Patient Information**

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number *(Must be a mobile # for auto text. If it is not available, SKNV will reach out to the patient to start the Rx process. NOTE: this may cause a delay if we cannot reach patient)*

\_\_\_\_\_

**Prescription Information**

Date of Prescription: \_\_\_\_\_

Medication Name: \_\_\_\_\_

Dosage Form (e.g., cream, ointment, liquid, etc.): \_\_\_\_\_

Quantity to be Dispensed: \_\_\_\_\_

Directions for Use: \_\_\_\_\_  
\_\_\_\_\_

Refills: \_\_\_\_\_ (If applicable)

**Prescriber Information**

Prescriber's Full Name: \_\_\_\_\_ Prescriber's License Number: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

NPI Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Prescriber's Signature: \_\_\_\_\_ Date: \_\_\_\_\_