

PhilRx Prescription Fax Order Form

Fax this completed prescription form to PhilRx at 888-975-0603

Patient Information

Name: _____ Date of Birth (mm/dd/yyyy): _____
Cell Phone: (____) _____ Email: _____
Shipping Address: _____ City: _____ State: _____ ZIP: _____
Sex: Male ☐ Female ☐ Primary Language: _____

Prescriber Information

Name: _____ NPI #: _____
Address: _____ City: _____ State: _____ ZIP: _____
Office Contact Name: _____
Phone: (____) _____ Fax: (____) _____ (for prescription status updates)

Strength/Form	Quantity	How Supplied	Refills	Dosage/Administration
WINLEVI® (clascoterone) cream 1%		60-gram tube		Apply a thin layer (approximately one gram) of WINLEVI evenly over the affected area (entire face, chest, or back) twice daily.

ICD-10 and Diagnosis: _____

Prior Medication Trials/Failures (treatment name, duration, and reason for discontinuation):

Chart Notes Included: ☐

Commerical Insurance Information

Member Name (cardholder): _____ Rx Plan Name: _____
Prescription Drug Card Member ID #: _____ Rx Group: _____
Rx BIN: _____ Rx PCN: _____
Prescriber Signature: _____ Date: _____
Transmitted by (full name if other prescriber): _____

Have questions or need assistance?

Contact the PhilRx support team at 855-977-0975 (Option 1)