

Please **fax** completed form to **(855) 445-1119** or call **(855) 466-2583**  
 1274 Anna J Stepp Drive • Ypsilanti, Michigan 48197 • [www.valiantrx.com](http://www.valiantrx.com)

PATIENT INFORMATION		PLEASE FAX WITH PATIENT DEMOGRAPHIC SHEET	
NAME	DATE OF BIRTH	SEX	
EMAIL	PHONE #	MOBILE PHONE #	
ADDRESS	CITY	STATE	ZIP
DRIVERS LICENSE #	SOCIAL SECURITY #		
<b>SAFETY CAPS ON BOTTLES</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (Easy-Off caps preferred)		<b>ALLERGIES:</b>	

MEDICATION / TYPE	STRENGTH	QUANTITY	SIG	REFILLS

Additional Directions

PRESCRIBER INFORMATION			
PRESCRIBER NAME (PLEASE PRINT)	SIGNATURE	DATE	OFFICE CONTACT
NPI#	DEA#	PHONE	FAX
ADDRESS	CITY	STATE	ZIP

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