

**Prescription form for you to print and give to your physician.**

Name of patient: \_\_\_\_\_

address: \_\_\_\_\_

\_\_\_\_\_

Credit Card \_\_\_\_\_ Exp \_\_\_\_\_ 3 Digit code \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Patient's phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Twinject™ Auto-Injector (epinephrine USP 1:1000) - DO NOT SUBSTITUTE**

Dispense # \_\_\_\_\_ 0.3 mg single(s) Twinject™ **FAX THIS PRESCRIPTION WHEN**

Dispense # \_\_\_\_\_ 0.3 mg Two-Pack(s) Twinject™ **COMPLETED TO "BROWNS"**

Dispense # \_\_\_\_\_ 0.15 mg single(s) Twinject™ **(303) 805-0849**

Dispense # \_\_\_\_\_ 0.15 mg Two Pack (s) Twinject™

REFILL X \_\_\_\_\_

Physician's/provider's signature: \_\_\_\_\_

Printed name of physician/provider: \_\_\_\_\_

License #: \_\_\_\_\_ DEA #: \_\_\_\_\_ Office phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Office address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_