Information Form

FAX TO THE NO-HASSLE-HUB AT 1.877.992.3831

PATIENT INFORMATION

Name:	 DOB:	Date:	
Phone Number:	 		
Patient Address:			
City:			
PHYSICIAN INFORMATION			
Physician Name:	NP	PI#:	
Office Contact Name:	Ph	one #:	

City:	State:	Zip:

TREATMENT

	Quantity	Refills	Directions
Alcortin A GEL 1% iodoquinol – 2% hydrocortisone acetate – 1% aloe polysaccharides			
Novacort GEL 2% hydrocortisone acetate – 1% Pramoxine HCL			
QUINJA gel 15% 1odoouinol • 1% aloe polysaccilarides			

Rick Shacket DO.MD(H)

Physician Signature:

Date:

INSURANCE

Please attach a copy of the patient's prescription insurance coverage and a printout of patient demographic information.

Main Office:

Scottsdale Vein & Proctology Center 8752 E Via De Commercio #2 Scottsdale, Arizona 85258 Office: (602) 492-9919 | Mobile: (602) 920-1023 RICK A SHACKET DO, MD(H)



Name: _____

_____ DOB: _____ Date: _____

Your Prescription has been sent to the NO HASSLE HUB

Operated by Scripts Rx in Chicago, IL

You will receive a call from an (800) number.

ALL patients will have a \$0 copay.*

If you do not receive a call within 24 hours, please call the pharmacy at:

(800) 592-7174

To avoid any delays, you will be asked to verify your address and prescription insurance.

Novacort GEL

2% hydrocortisone acetate .1% pramoxine HCI

Full Prescribing Information is available at <u>www.novumrx.com</u>.

*If you are quoted a copay other than \$0, call 1-844-NO HASSLE for immediate resolution. \$0 copay is available for all patients who participate in the Novum Pharma copay program.