***Information Form***

FAX TO THE NO-HASSLE-HUB AT 1.877.992.3831

# PATIENT INFORMATION

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

Phone Number: ------------------------------

Patient Address: -----------------------------

City: \_ State: ---------- Zip: \_

# PHYSICIAN INFORMATION

Physician Name: \_ NPI#: --------- Office Contact Name:---------------- Phone #:--------City: \_ State: ---------- Zip: \_

# TREATMENT

**QUINJA gel**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | Quantity |  | | Refills |  | | Directions |  |
| **Alcortin A GEL**  *1% iodoquinol – 2% hydrocortisone acetate – 1% aloe polysaccharides* |  | | |  | | |  | | |
| **Novacort GEL**  *2% hydrocortisone acetate – 1% Pramoxine HCL* |  | | |  | | |  | | |
|  |  | | |  | | |  | | |

## 115% 1odoouinol •l% aloe polysaccilarides

Physician Signature:

Date: \_

**INSURANCE**

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



RICK A SHACKET

DO, MD(H)

Main Office:

Scottsdale Vein & Proctology Center

8752 E Via De Commercio #2

Scottsdale, Arizona 85258

Office: (602) 492-9919 | Mobile: (602) 920-1023

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 [www.novumrx.com](http://www.novumrx.com).

\*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.

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