



EVERSANA Life Services Pharmacy  
Hours of Operation: 8AM-6PM EST  
Phone: 877.854.3060 | Fax: 513.824.6424  
E-Scribe (NCPDP): 3685940 (NPI): 1669978227



# Mitigare<sup>®</sup> Home Delivery

## Please fill in the prescription information below

Date:	Mitigare <sup>®</sup> (Colchicine) 0.6 mg Capsules		
Quantity:	Sig:	Refills:	
Prescriber Signature:			

## Patient Information

Name:	Date of Birth:		
Address:	City:	State:	Zip:
Cell Phone:	Email:		
Major Health Conditions:	Drug Allergies:		

## Prescriber Information

Prescriber Name:	Prescriber NPI :		
Prescriber Address:	City:	State:	Zip:
Prescriber Phone:	Prescriber Fax:		
Prescriber DEA:			

## Insurance Information

Insurance Company Name:		Insured ID/Policy#:	
Rx PCN:	Rx BIN#:	Rx Group:	

By signing this form, I authorize the above prescriber to share the above information with EVERSANA Life Services Pharmacy for the purpose of filling this prescription. I understand that EVERSANA Life Services Pharmacy will not use my information for any other purpose. I further understand that EVERSANA may share my personal information with its service providers and business partners for the purpose of filling this prescription. I understand that EVERSANA maintains reasonable physical, administrative, and technical safeguards to protect my personal information against unauthorized disclosure, use, alteration, or destruction, and requires the third-party service providers and business partners that it works with to do the same.

Patient Signature:	Date:
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