



PHARMACY ORDER FAX FORM      FAX TO: 870-772-0214  
 Customer Service - 1-844-680-2944

TAGI Pharma, Inc. Support Program

PHYSICIAN INFORMATION

NAME: \_\_\_\_\_  
 DEA #: \_\_\_\_\_ NPI #: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 PHONE #: \_\_\_\_\_ FAX: \_\_\_\_\_  
 OFFICE CONTACT: \_\_\_\_\_ CONTACT PHONE #: \_\_\_\_\_  
 PHYSICIAN EMAIL: \_\_\_\_\_

PRESCRIPTION INFORMATION

ANY KNOWN ALLERGIES: \_\_\_\_\_

DRUG/STRENGTH	INSTRUCTIONS	QTY	REFILLS

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PATIENT INFORMATION

PLEASE INCLUDE COPY OF FRONT & BACK OF PHARMACY INSURANCE CARD

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
 LAST FOUR DIGITS OF SOCIAL SECURITY #: \_\_\_\_\_  
 (USED FOR INSURANCE VERIFICATION PURPOSES ONLY)

FOR e-PRESCRIBING, please use the following information for processing requests through your system:

**Name:** CSI Pharmacy      **Pharmacy Type:** Retail/ Mail Order/ Specialty  
**City:** Texarkana      **State:** AR      **Zip:** 71854  
**NPI #:** 1316213168

\*There is no Additional Cost to the Patient or Physician for this service  
 07/18