

## Fax Form

Northern Pharmacy: International Patients

**\*\*Use for New Prescriptions and Refills\*\***

**Fax to: 443-909-7881**

Sender Information			
To:	International Services	From:	
		Hospital Name:	
Fax:	443-909-7881	Phone:	
Phone:	443-909-7884 (Sarah)	Fax:	
	410-254-2326 (Zainab)	Email:	
Patient Information			
Date:		Embassy:	
Patient Name:		Embassy Physician:	
DOB:		Embassy Ref #:	
Hospital Ref #:		Pt Height & Weight:	
Patient Phone:			
Patient Address:			
Patient Allergies:			
<b>**NOTE: Not completing this line for all new patients may cause a delay in processing**</b>			

Comments:

WARNING: Unauthorized interception or use of this fax could be a violation of Federal and State law. If you have received this information in error, please notify the sender immediately. This may contain confidential information only belonging to the sender and may be used only for the purpose for which it was requested or intended. You are responsible for protecting any confidential information. This may contain health information. Permission to use or disclose this information has been granted either by law or patient/ plan member. Further use or disclosure without additional patient/ plan member authorization or as otherwise permitted by law is prohibited.