



Patient Name:	
Patient Date of Birth:	
Patient Cell Phone:	
Patient Shipping Address:	
Prescription Info	Device: Uresta Starter Kit Quantity: 1 Refills: n.a. Directions: use as directed Comment:
Prescriber Name:	
Prescriber NPI:	
Prescriber Signature & Date:	
Prescriber Phone:	
Prescriber Fax:	
Prescriber Address:	

Fax: 1.888.978.7947
525 Alexandria Pike
Suite 100, Southgate, KY 41071
Phone: 1.888.795.5826
DEA: FS4987408 | www.GoGoMeds.com

