

PRESCRIPTION FORM

951 Yamato Road, Suite #160
Boca Raton, FL 33431
Fax: 800-891-4320 Phone: 833-873-6300



Patient Information <small>(Please fill in required Fields *)</small>		
Patient Name*		Cell Phone Number* <small>(or preferred contact number)</small>
Date of Birth* <small>(mm/dd/yyyy)</small>		
Address		
Street Address	City/State	Zip Code

Prescriber Information <small>(Healthcare provider to complete)</small>	
Prescriber <small>(First, Last Name)</small>	
Phone Number	Fax Number
NPI Number	

Prescription Information <small>(Healthcare provider to complete)</small>	
<input type="checkbox"/> VIVJOA 150 mg	
SIG: • On Day 1: Take VIVJOA 600 mg (four capsules as a single dose), by mouth then,	
• On Day 2: Take VIVJOA 450 mg (three capsules as a single dose), by mouth then,	
• On Day 14: Take VIVJOA 150 mg (one capsule) one time a week (every 7 days) by mouth for 11 weeks.	
<input type="checkbox"/> <small>(Other Directions)</small>	

Qty: 18 <u>Capsules</u>	
Prescriber Signature: _____	Date: _____

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