MedImpact
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MULTIPLE RX FORM

***Indicates required information**

RX Number	Date Filled* / /	New ☐ Refill ☐ (check one)	Quantity*	Day Supply*	National Drug Code (11 Digit)*	
Medication Name and Strength *			Physician Name & NPI Number Name ____________ NPI: ____________		RX Price* $	Co-Pay* $

Compound? ☐ Yes ☐ No (If yes, please identify NDC ingredients & quantity amounts on the Compound Claim Form)

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