

Patient Information

Name: _____
first middle last

Date of Birth: ____ / ____ / ____ Gender: Female Male
mm dd yyyy

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Telephone: _____

Best contact time: Morning Afternoon Evening

Please check any health conditions you have:

- | | |
|--|--|
| <input type="radio"/> Asthma | <input type="radio"/> High Cholesterol/Heart Disease |
| <input type="radio"/> Bleeding | <input type="radio"/> Hypertension |
| <input type="radio"/> Chronic Obstructive Pulmonary Disease (COPD) | <input type="radio"/> Liver Disease |
| <input type="radio"/> Depression | <input type="radio"/> Renal Disease |
| <input type="radio"/> Diabetes | <input type="radio"/> No Known Health Condition |
| <input type="radio"/> GERD/Ulcer | <input type="radio"/> Other (please specify) _____ |

Do you have drug allergies?

Please check all allergies you have:

- | | |
|-------------------------------------|--|
| <input type="radio"/> Amoxicillin | <input type="radio"/> Penicillin |
| <input type="radio"/> Aspirin | <input type="radio"/> Sulfa |
| <input type="radio"/> Cephalosporin | <input type="radio"/> Tetracycline |
| <input type="radio"/> Codeine | <input type="radio"/> No Known Drug Allergy |
| <input type="radio"/> Erythromycin | <input type="radio"/> Other (please specify) _____ |
| <input type="radio"/> Iodine | _____ |

Medication Prescribed by Eye Doctor (Please check) Zioptan® Cosopt® PF Betimol® AzaSite®

Physician Information

Physician Name: _____
first last

Telephone: _____ Fax: _____

Prescription Insurance Information (If available)

Commercial (Private) Medicare Part D Medicaid Other _____

Primary Insurance Name: _____

Benefit Identification # (Rx BIN): _____

Insurer ID #: _____

Processor Control # (PCN): _____

Group Name: _____

Group #: _____

To complete enrollment in Théa EyeRx Direct®, please check YES or NO for each of the following:

- YES** **NO** I grant permission for Eagle Pharmacy to contact me for payment card information in order to process payment in advance of shipping my medication. I understand this is a requirement to receive my medication.
- YES** **NO** I understand the information I provide to Eagle Pharmacy is exclusively for purposes related to the Théa EyeRx Direct® program, including verification with insurers, and may be communicated to the Centers for Medicare & Medicaid Services.
- YES** **NO** I would like to receive information about the Théa EyeRx Direct® program and/or products.



MAIL TO:

Théa EyeRx Direct
c/o Eagle Pharmacy
350 Eagles Landing Dr.
Lakeland, FL 33804



FAX TO:

855-618-4610



ONLINE:

www.EyeRxDirect.com

LEARN MORE: EyeRxDirect.com

Please report negative side effects of prescription drugs to the Food and Drug Administration (FDA) by calling **1-800-FDA-1088** or by visiting **www.FDA.gov/MedWatch**





What is EyeRx Direct®?

This is a home delivery pharmacy program that offers set pricing for your eye medicine listed below.

This price may or may not be lower than your insurance copay at a retail pharmacy. We encourage you to check your cost at retail and compare.



Learn More & Enroll
www.EyeRxDirect.com

30-DAY SUPPLY		90-DAY SUPPLY	
 ZIOPTAN® (tafluprost ophthalmic solution) 0.0015%	\$60 (1 carton of 30 single-use containers)	\$150 (3 cartons of 30 single-use containers)	
 BETIMOL (timolol ophthalmic solution) 0.25%, 0.5%	\$60 (1 - 5mL bottle)	\$150 (3 - 5 mL bottles)	
 CosoptPF (dorzolamide HCl - timolol maleate ophthalmic solution) 2% / 0.5%	\$60 (1 carton of 60 single-use containers)	\$150 (3 cartons of 60 single-use containers)	
 AzaSITE® (azithromycin ophthalmic solution) 1%		\$60 (1 - 2.5mL bottle)	

You Need To Enroll

Sign up online through www.EyeRxDirect.com or complete enrollment form on back side.

For the Healthcare Provider



ePrescribe:

Eagle Pharmacy
Lakeland, FL 33810
- NPI: 1487905840
- NCPDP: 5711975



MAIL prescription to:

Théa EyeRx Direct®
c/o **Eagle Pharmacy**
PO Box 90937
Lakeland, FL 33804



FAX prescription to:

855-618-4610



Questions? 844-813-3864 (Mon - Fri 8am - 10pm ET)

ZIOPTAN, Cosopt, and AzaSite are used under license.