



## Prescription Transfer Form

Cycle Start Date: 08/01/2024

Patient	Receiving Pharmacy	Transferring Pharmacy
<b>Name:</b> TEST UNSTABLE ANTONK PATIENT 1 ANTONK <b>DOB:</b> 08/23/1986 <b>Address:</b> 12th Ave, New York, NY, 10036, US <b>Phone:</b> <b>Authorization #:</b> - <b>Authorization Period:</b> -	<b>Name:</b> TEST UNSTABLE PHARMACY 1 ANTONK / NY <b>NPI:</b> <b>Address:</b> 12TH AVE, NEW YORK, NY, 10036 <b>Phone:</b> <b>Fax:</b>	<b>Name:</b> Schraft's 2.0 LLC <b>NPI:</b> 1528512142 <b>Address:</b> 3 Wing Dr, Suite 102, Cedar Knolls, NJ, 07927 <b>Phone:</b> (855)-724-7238 <b>Fax:</b> 844-876-4545 <b>RPh:</b> TEST ANTONK T ADMIN ANTONK

### Prescribers

Name	NPI	DEA	Address	Phone
TEST UNSTABLE ANTONK PHYSICIAN 1 ANTONK	23423523		TEST, TEST, AR, 11111	

### Total # of Prescriptions: 1

Rx # / Orig Date	Drug / SIG	Prescriber	Insurance	Qty / Refills	Last Fill
6000166 / 08/16/2024	Delestrogen □	TEST UNSTABLE ANTONK PHYSICIAN 1 ANTONK		1000 / 1000	09/02/202 4