



Prescription Transfer Form

Cycle Start Date: 08/01/2024

Patient	Receiving Pharmacy	Transferring Pharmacy
Name: TEST UNSTABLE ANTONK PATIENT 1 ANTONK DOB: 08/23/1986 Address: 12th Ave, New York, NY, 10036, US Phone: Authorization #: - Authorization Period: -	Name: TEST UNSTABLE PHARMACY 1 ANTONK / NY NPI: Address: 12TH AVE, NEW YORK, NY, 10036 Phone: Fax:	Name: Schraft's 2.0 LLC NPI: 1528512142 Address: 3 Wing Dr, Suite 102, Cedar Knolls, NJ, 07927 Phone: (855)-724-7238 Fax: 844-876-4545 RPh: 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