

10 mg/mL

PATIENT INFORMATION

LIQREV® PRESCRIPTION REQUEST FORM **DIRECT TO SPECIALTY PHARMACY**

CVS Specialty

DDESCRIBED INFORMATION

Optum Specialty Pharmacy

Please complete and fax

to the specialty pharmacy of your choice:

Fax: 877-342-4596 Tel: 855-427-4682

Accredo Health Group, Inc. Te

Fax: 877-943-10
Tel: 877-242-273

	author Circh Nors		Last Name				N 4 I
Pres	criber First Name	ə. 	Last Nam	e:			M.I.
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Pres	criber Specialty:						
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Prac	tice Name:						
Pres	criber Email:						
Stre	et Address:						
City:				State:	ZIP):	
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