

Appendix A: Facsimile Transmission of M3P Prescriptions COVID-19 Template

Prescriber Name

Registration # _____

Clinic Name

Prescriber Address

Prescriber Telephone #

Prescriber Facsimile #

*Attach completed M3P form and indicate dose in numbers and words in box below.

Confidential Facsimile to:

Pharmacy Name

Pharmacy Fax # _____

Date _____

Time _____

If a M3P prescription is being faxed, the daily dosage **must** be clearly indicated below (in addition to being noted on the M3P form itself):

Practitioner Certification

- This prescription represents the original of the prescription drug order.
- The pharmacy addressee noted above is the only intended recipient and there are no others.
- The original prescription has been invalidated and securely filed and will not be transmitted elsewhere at another time.
- Quantity is stated in words and numerals.

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