ExxonMobil WMS Plan #3559 Malaria Chemophylaxis Program Prescription Fax Order Form FAX: 1-800-4					Wal-Mart Pharmacy Mail Services P.O. Box 115112 Carrollton, Texas 75011-5112 -8976 or 972-323-4643					
INSTRUCTIONS TO THE PATIENT: * COMPLETE THE PATIENT INFORMATION SECTION * HAVE YOUR HEALTHCARE PROVIDER FILL OUT THE BOTTOM HALF OF THE FORM AND FAX TO WMS * THE PRESCRIPTION WILL ONLY BE VALID IF THE FORM IS FAXED FROM THE PRESCRIBER'S OFFICE * CONTACT US AT 1-800-273-3455 IF YOU HAVE QUESTIONS										
WAL-MART PHARMACY MAIL SERVICES PATIENT INFORMATION										
PATIENT I										
		R:								
DATE OF				PHONE:						
SHIPPING ADDRESS (US ADDRESS ONLY) :										
CITY:					STATE: ZIP:					
PRESCRIPTION INFORMATION										
<ul> <li>THIS SECTION MUST BE FILLED OUT BY THE HEALTHCARE PROVIDER:</li> <li>* PLEASE SELECT 1 OPTION FROM THE MEDICATIONS BELOW AND THEN ENTER THE QUANTITY</li> <li>* THE NAME OF THE SUPERVISING PHYSICIAN IS REQUIRED FOR ALL SCRIPTS WRITTEN BY NURSE PRACTIONERS AND PHYSICIAN ASSISTANTS ACCORDING TO TEXAS PHARMACY LAW</li> <li>* A COVER SHEET WITH THE FAXING AGENTS NAME IS REQUIRED BY TEXAS PHARMACY LAW</li> <li>* A YEAR'S SUPPLY IS RECOMMENDED DUE TO INDIVIDUAL TRAVEL CONSTRAINTS</li> </ul>										
Check										
Here to Select	Enter									
Drug	Quantity	Drug Name			Directions					
		ND * Maximu	line Mono 10 C #00591-041 um amount reco I year's supply :	1-50 mmended	entering	Take 1 capsule by mouth starting 2 days before entering a malaria area, daily while in the area, and daily for 28 days after leaving the area Take 1 tablet by mouth starting 2 days before entering a malaria area, daily while in the area, and daily for 7 days after leaving the area				
		Malarone A ND * Maximu	Adult Strengtl C #00173-067 um amount reco I year's supply :	h 250/100mg /5-01 ommended	Take entering					
ND * Maxim fo 25 46			Pediatric Stre C #00173-067 um amount reco r 1 year's supply to 45 pounds - to 66 pounds - to 88 pounds -	76-01 ommended y = 374 478	i	<ul> <li>Take daily 2 days before entering malaria area, everyday while in the area, and 7 days after leaving malaria area</li> <li>Dose is based on weight: 25 to 45 pounds - 1 tablet daily 46 to 66 pounds - 2 tablets daily 67 to 89 pounds - 3 tablets daily 89 pounds or more - adult strength</li> <li>Take 1 tablet by mouth weekly starting 1 week before entering malaria area, weekly while in the area, and weekly for 4 weeks after leaving area</li> </ul>				
		Lariam 250mg Tablets NDC #00004-0172-02 * Maximum amount recommended for 1 year's supply = 57								
		Mefloquine 250mg Tablets NDC #00781-5076-86 * Maximum amount recommended for 1 year's supply = 57				Take 1 tablet by mouth weekly starting 1 week before entering malaria area, weekly while in the area, and weekly for 4 weeks after leaving area				
Physician	Name:					DEA	#:			
Address:										
Phone:	I		City:		State:			Zip:		
Physician S	Signature:				<b>-</b>			Date:		