



Healthcare information is personal and sensitive information. This communication and its attachments are intended solely for DIEM Direct Product Distribution Center and contains confidential and legally privileged information. If you are not the intended recipient, any dissemination or copying is strictly prohibited. If you received this communication in error, please notify DIEM Labs, LLC by fax 1.307.316.0328 or by phone 1.800.971.3721.

# NEW PRESCRIPTION FAX FORM

**FAX: 1.307.316.0328**

## STEP 1

Complete all information in this section

### Patient Information

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Home phone #: \_\_\_\_\_ Cell phone #: \_\_\_\_\_

Best time to contact:  AM  Mid-Day  PM Preferred contact method:  phone  text  email

### Prescriber information

HCP Name: \_\_\_\_\_

NPI #: \_\_\_\_\_ DEA #: \_\_\_\_\_ Rx Contact Person: \_\_\_\_\_

Office phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Office Address: \_\_\_\_\_

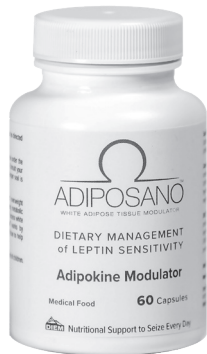
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## STEP 2

Fill in prescription information below

Adiposano™

- Take 2 Capsules Daily
- Take \_\_\_ Capsules Daily
- 90 days
- 180 days
- 365 days
- \_\_\_\_\_



#60 capsules

# Adiposano™

is indicated for the distinct nutritional requirements of individuals with excess white adipose tissue syndrome\* or metabolic dysfunction who present with a BMI  $\geq 30$ , inflammatory adipokine/cytokine imbalance and leptin resistance.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

*Stamps are not accepted. Signature required.*

## STEP 3

Sign this prescription and fax to DIEM Direct Product Distribution Center

**1.307.316.0328**

Fax from the prescriber's secure fax line / Cover sheet is not required / Incomplete forms will cause a delay in processing.