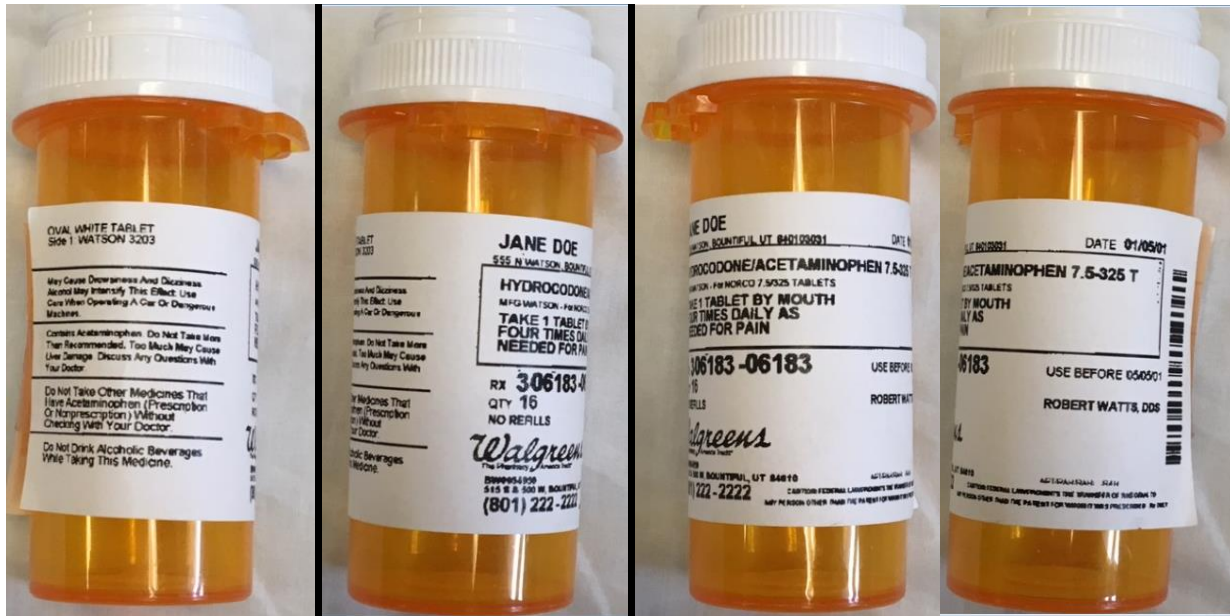


Instructions for Sending Prescription Information

Please provide documentation of your prescription according to the instructions below. Unless specified by the MRO you may provide either option listed. **If the MRO requested that you send a specific type, that particular documentation must be provided.**

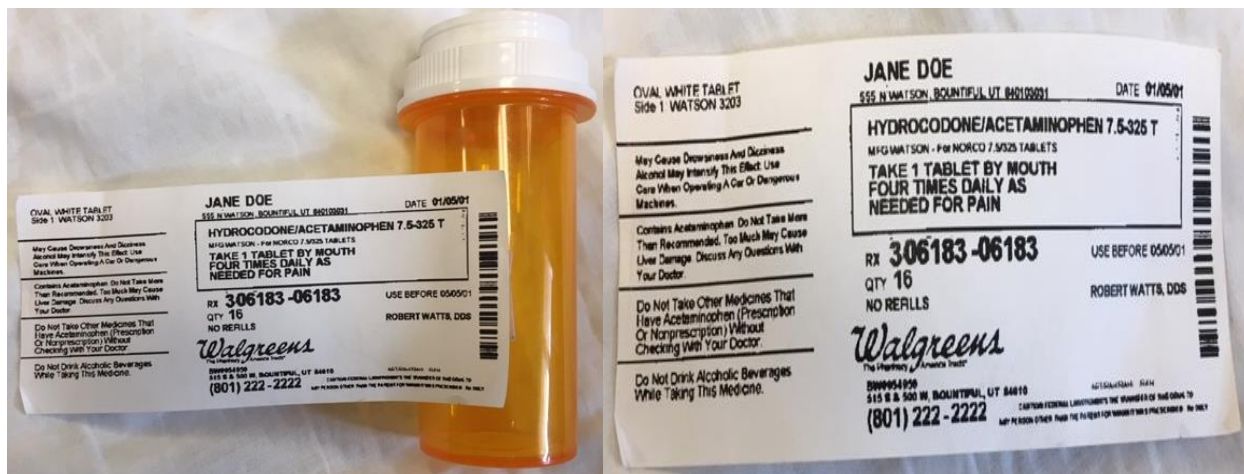
Option 1: Pictures of Rx bottle (FILLED PRIOR TO DRUG SCREEN COLLECTION DATE)

Take pictures of Rx bottle, make sure camera is in focus and lighting is good. Start at far left hand side of bottle and take picture. Rotate bottle approximately 1/6 turn clockwise and take another picture. Continue process until you have pictures of label in its entirety. Pictures must be clear and overlapping. This should take a minimum of 4 pictures with a label covering $\frac{3}{4}$ of the bottle or 6 pictures if it covers the full bottle.



OR

Partially or completely pull the label from the bottle so all the information is visible in one picture, take the picture, then reattach the label completely.



Option 2: Pharmacy records

Contact pharmacy and get a **Medication Expense/Prescription History Report** showing the Rxs filled within the last year. If taking a picture of documentation full image must be sent.

EnterpriseRx™ EnterpriseRx Pharmacy System
Customer Statement
version 1.0
Page 1 of 1

Patient Name: JANE DOE
Street Address: 1234 ABC STREET
City: SALT LAKE CITY State: UT Zip: 84321
Birthdate: 01/01/1918
Phone No: (801) 888-8888

Pharmacy Name: FRESH MARKET PHARMACY #2222
Street Address: 5555 W 5555 N
City: SALT LAKE CITY State: UT Zip: 84324
Phone No: (801) 555-5555 Fax No: (801) 999-9999
Federal Tax ID: (801) 555-5555

At Date Sold	Store # R# #	FIN #	Product	NDC #	Qty	Unit	Days	Prescriber Name	TP Total Amt Paid	PT Pay Amt Total	Primary TP Name	Prior Auth	Li	
03/02/2018	03030218	2389	0294219 04	DUALPROX SODIUM ER 250MG TAB	18714-0484-02	60.00	EA	30	DENISE SKUTTER	55.00	35.00	UNITED HEALTHCARE 1801207140278693	N	
04/01/2018	04020418	2389	0294219 05	DUALPROX SODIUM ER 250MG TAB	18714-0484-02	60.00	EA	30	DENISE SKUTTER	55.00	35.00	UNITED HEALTHCARE 1801207140278693	N	
04/29/2018	04330218	2389	0294219 06	DUALPROX SODIUM ER 250MG TAB	18714-0484-02	60.00	EA	30	DENISE SKUTTER	55.00	35.00	UNITED HEALTHCARE 1801207140278693	N	

TOTALS:

of Records: 3
Patient Pay: 105.00
Third Party Pay: 167.40

Attested To By: *[Signature]*
Registered Pharmacist

Disclaimer: May not reflect all prescription records

Printed From Facility ID 2389 Date Range: From: 02/01/2018 To: 04/30/2018
Confidential Information 04/30/2018 18:27

You can either fax the information to [385-549-8622](tel:385-549-8622) or email to us at myrx@wfqa.com. If you email the information, a confirmation email will be sent to you confirming receipt of information. If you do not receive the automated email, or if you are faxing documentation, please call our office @ 801-503-3493 to confirm receipt.

Once information is reviewed, we will call donor back **IF** any additional information is required. Be aware that if the MRO isn't completely satisfied with the documentation received, or in compliance with DOT requirements, pharmacy or providing practitioner may be contacted to verify prescription information, or donor may be required to send additional documentation.