MARK CUBAN CostPlus DRUG COMPANY

Prescription Request Form

Powered by: Truepill

Healthcare providers can use this form to send prescriptions directly to Mark Cuban Cost Plus Drug Company.

IMPORTANT: Prescriptions can only be accepted if they include the email address associated with the patient's user account.

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Save time by sending electronically eRX!
SEARCH for "Mark Cuban Cost Plus Drug Company"

Prefer to call in the script?
Call us at: 1-833-926-3384

Fax us this form
Fax us at: 1-650-683-9775

Patient information

This fax is void unless received directly from physician's office

Email Address Required	*For existing patients, this email must match the email address on file with Cost Plus Drug Co.*

Last Name	First Name	MI

Delivery Address	Apt., Ste. #

City	State	ZIP Code	Phone Number (with area code)

Date of Birth (mm/dd/yyyy)	Sex (assigned at birth) ◯ Female ◯ Male

Prescription information

NOTE: We DO NOT carry all medications.
Full formulary available at https://costplusdrugs.com/medications/

Medication	Strength mg, ml, etc.	Quantity	Refills
Directions Required			

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Directions Required			

Generic substitution is permitted unless prescriber includes "DAW" or "dispense as written."

Please use a separate sheet for additional prescriptions

Prescriber information

Prescribing Physician Name	Supervising Physician's Name (if applicable)

Physician Phone Number (with area code)	Physician Fax Number (with area code)

Physician Street Address	Unit #

City	State	ZIP	NPI#	DEA#

Prescribing Date (mm/dd/yyyy)

Physician Signature

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