

Csymia Engage

Prescription Fax Form (844) 678-8444

Product	Medication Offered		Supply	Price
New Patient Pack	Qsymia 3.75 mg/23 mg Qsymia 7.5 mg/46 mg	14 + 30	14-day 30-day	\$98
Strength	Qsymia 3.75 mg/23 mg Qsymia 7.5 mg/46 mg Qsymia 11.25 mg/69 mg Qsymia 15 mg/92 mg	30 30 30	30-day 90-day [†] (free shipping for all 90-day prescriptions)	\$98 \$294
Titration Pack	Qsymia 11.25 mg/69 mg Qsymia 15 mg/92 mg	14 + 30	14-day 30-day	\$98

Please fill out the following fields along with the embedded prescription for each dose prescribed for Qsymia. Please submit prescriptions according to your specific state laws and regulations.

1	Licensed HCP:			N	PI:	
	DEA:		Phone: _			
	Address:					
	City:	State:			ZIP:	
	Email:		Fax:			
2	PATIENT NAME:				OB:	
	Address:					
	City:	State:			ZIP:	
	Phone:			Gender:	Male	Female
	Email:					





EMBEDDED PRESCRIPTION

Please complete prescription below and fax to: 844-678-8444



Please note:

One prescription is required **for each dose** within the New Patient and Titration Packs

HCP Signature:	
Date Written:	_
Refills:	
Quantity:	_
Instructions:	
Strength:	
Medication:	_





^{*} Doses include 6-week New Patient Packs, 6-week Titration Packs and all 30-day prescriptions. For cash patients only. Insurance claims will not be processed. Additional shipping and handling costs will apply. There is a limit of one New Patient Pack and one Titration Pack per patient for the duration of the program.

^{† 90-}day prescriptions are not permitted in all states.