# Pharmacy Creations

## Medication Order

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|---|---|---|---|---|
| Center Name | | | | |
| Address | | | | |
| Address | | | | |
| City | | State | | Zip: |
| Telephone | | | | |
| Fax | | | | |
| Ordering Physician | | DEA: | | |
| Contact Person | | | | |
| e-mail | | | | |
| **CC#** | | **Exp:** | **Sec Code:** | |
| **Quantity** | **Med Name, Strength or Concentration, Form (Ophth, Inj)** | | **Size/Volume** | |
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Controlled substances for office use, must be ordered by DEA form 222 - faxed and immediately mailed

Please Fax to Pharmacy Creations

**Pharmacy Creations**
**540 Route 10 West**
**Randolph, NJ 07869**
**Tel (973) 328-8756 Fax (973) 328-8731**