



Dear Parents and Physicians,

Pack My Rx works exclusively with [Direct Meds of Florida Pharmacy](#), to package medications in convenient strip pouches for Summer Camps.

Here is all the information you need to send us prescriptions and authorization forms for all OTC medications.

Prescriptions can be sent by: [E-Prescribe](#), [Fax](#), [Paper Rx](#), or [Called in to the pharmacist to:](#)

Direct Meds of Florida Pharmacy

Phone: 954-454-8118 or
888-598-6337
Fax: 954-454-9898 (Must come from the physician's office)
Address: 800 E. Hallandale Beach Blvd. Suite 18
Hallandale Beach, FL 33009
NCPDP#: 1053456

Our pouches are labeled to be given at: **BREAKFAST, LUNCH, DINNER, BEDTIME** or time specified by prescriber. Please specify when each medication should be given so we package them correctly.

"As Needed" medications are packaged separately

Prescription Medications

- Generics will be dispensed unless brands are specifically requested as "Do Not Substitute". If brands are not covered by insurance, it will be up to the parents to decide if they wish to pay out of pocket.
- Prescriptions must be written for 30 days with refills to cover the entire summer. The date on the Rx must be at least 2 weeks before camp start date.
- We can package ½ pills.
- We can provide all prescription medications, including Epi Pens, Diabetic Supplies, Birth Control, Inhalers, Oral Solutions, Eye Drops, Creams, Ointments, etc; we do not dispense compounded growth hormones or any other compounded medications.

Controlled Substance Prescriptions

- Must be sent by either E-Prescribe or by mailing the original script to us. E-Prescriptions are preferred, please look us up by name, zip code or NCPDP #.
- Controlled substances must be prescribed for 30 days per script. Please send 2 scripts if camp lasts more than 30 days.
- We need to have the original script before we can dispense.
- Please make sure the physician's DEA# is on the script.

Over the Counter Medications and Supplements

- We require a doctor's note authorizing ALL over the counter medications and supplements. We have provided a form that you can fill out and fax to us.
- Generics will be dispensed unless brands are specifically requested as "Do Not Substitute".
- If there are any supplements that we cannot obtain, parents can send them to us in their original sealed containers.
- Gummy supplements cannot be packaged, please substitute chewable supplements.

This AUTHORIZATION FORM is required for

ALL (NON-PRESCRIPTION) Over-the-Counter Medications, Vitamins, and Supplements.

It must be filled out and signed by a physician, and faxed to 954-454-9898.

Please Note:

1. Our pouches are labeled to be given at: **BREAKFAST, LUNCH, DINNER, AND BEDTIME.**
Please specify when each medication should be given so we package them correctly.
2. "As Needed" medications will not be packaged in pouches; they will be packaged separately.
3. *Generic OTC's will be dispensed unless you specify: "Brand Name Only".

Child's Name:	DOB:
Camp Name:	
Physician's Name:	
Physician's Address:	
Physician's Phone Number:	
Drug Name, Strength, and Directions	Select Med Pass Time(s)
1.	Breakfast___Lunch___ Dinner___ Bedtime___ PRN___
2.	Breakfast___Lunch___ Dinner___ Bedtime___ PRN___
3.	Breakfast___Lunch___ Dinner___ Bedtime___ PRN___
4.	Breakfast___Lunch___ Dinner___ Bedtime___ PRN___
5.	Breakfast___Lunch___ Dinner___ Bedtime___ PRN___
6.	Breakfast___Lunch___ Dinner___ Bedtime___ PRN___
7.	Breakfast___Lunch___ Dinner___ Bedtime___ PRN___
8.	Breakfast___Lunch___ Dinner___ Bedtime___ PRN___
9.	Breakfast___Lunch___ Dinner___ Bedtime___ PRN___
10.	Breakfast___Lunch___ Dinner___ Bedtime___ PRN___
Physician's Signature	Date