

Fax Cover Sheet

 **Scripted**

Time: 01/15/2026, 08:24 AM

From: Legal Drugs

Pharmacist Name: Doofenshmirtz, Heinz

Address: 308 Shelburne Rd, Burlington, VT, 05401-1234

Phone #: N/A

Fax #: +1 833 330 1955

To: test

Address: N/A

Phone #: N/A

Fax #: +1 972 532 9272

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R_x After Visit Summary

This document is a summary of services provided to **Demotest, Hyli** at **Legal Drugs** on **01/14/2026**. This pharmacy After Visit Summary is intended to be used for sharing between the patient's primary care provider, specialized care providers which the patient may be referred to, as well as for record keeping within the pharmacy to maintain regulatory compliance.

Doofenshmirtz, Heinz is acting as a prescriber in accordance with state allowances, and following protocols based on accepted guidelines. It is advised that the patient seek follow up care from their primary care provider.

*** THIS DOCUMENT CONTAINS SENSITIVE PATIENT INFORMATION ***

Visit Information

Pharmacy

Name: Legal Drugs

Phone #: N/A

Address: 308 Shelburne Rd, Burlington, VT, 05401-1234

Patient

Name: Demotest, Hyli

Date Of Birth: 01/01/2021

Treatment Requested: Cold Sore

Decision Made: APPROVED

Approved By: Doofenshmirtz, Heinz

Pharmacist NPI #: 222222222

Primary Care Provider

Name: Ahuja, Rajiv

Phone #: +1 510 713 1000

Fax #: +1 510 790 9093

Address: N/A

R_x Prescription Information

1. dsa

Date Authorized: 01/14/2026

Prescriber Name: Doofenshmirtz, Heinz

Prescriber NPI: 2222222222

Electronically Signed By: Doofenshmirtz, Heinz

Patient Name: Demotest, Hyli

Patient Age: 5

Patient DOB: 01/01/2021

Patient Address: 123, 123, IL, 12312

Date: 01/14/2026

Treatment Type: Cold Sore

Medication Name: dsa

Strength / Dose: 1123

Units: Aerosol, foam

Quantity: 1

Number of Refills: 1

DAW: NO

Sig. Instructions: 123

Additional Notes: N/A

Facility Name: Legal Drugs

Facility Phone #: N/A

Facility Fax #: +1 833 330 1955

Facility Address: 308 Shelburne Rd, Burlington, VT, 05401-1234

Supervising Provider Name: Harris, Richard

Supervising Provider NPI: 1134563927

R_x Visit Documentation

Patient Vitals

Height	N/A
Weight	N/A
Temperature	
Heart Rate	N/A
Blood Pressure	
Respiratory Rate	N/A
Blood Oxygen Saturation	N/A

Subjective

Chief Complaint: N/A

History Of Illness: N/A

Objective

Allergies: N/A

Lab Values: N/A

Physical Exam: N/A

Medication List: N/A

Family History: N/A

Social History: N/A

Assessment

N/A

Treatment Plan

N/A

Treatment Notes

N/A

Self-Assessment Summary

1. Have you had a cold sore in the past?

Patient answer: Yes

2. How many cold sore episodes have you had in the last 12 months?

Patient answer: None

3. Is this episode a continuation of a previous episode?

Patient answer: No

4. Have you noticed any swelling or pus from the lesions?

Patient answer: No

5. Are there lesions in other places in your body?

Patient answer: No

R_x Receipt

Payment Record Date	Service	Amount	Status
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Total: \$0

Total paid: N/A

Total unpaid: N/A