

# Fax Cover Sheet

 **Scripted**

**Time: 01/15/2026, 08:26 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: demo**

**Address: N/A**

**Phone #: N/A**

**Fax #: +1 972 532 9272**

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## **R<sub>x</sub> 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<sub>x</sub> Prescription Information

### 1. dsa

**Date Authorized:** 01/14/2026

**Prescriber Name:** Doofenshmirtz, Heinz

**Prescriber NPI:** 222222222

**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<sub>x</sub> Visit Documentation

### Patient Vitals

|                         |                |
|-------------------------|----------------|
| Height                  | N/A            |
| Weight                  | N/A            |
| Temperature             | 2              |
| Heart Rate              | N/A            |
| Blood Pressure          | 12 sys / 2 dia |
| 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<sub>x</sub> Receipt

| Payment Record Date | Service   | Amount | Status |
|---------------------|-----------|--------|--------|
| 01/15/2026 04:26 PM | Cold Sore | \$20   | UNPAID |

**Total:** \$20

**Total paid:** N/A

**Total unpaid:** \$20