

Dear healthcare provider,

Your patient is attending a camp that employs a Medication Therapy Management System. All medication in pill form will be dispensed in dose packaging (unit or multi-dose, depending on California state law). The packages are labeled with name, date, dose, administration time, etc. The prepackaged medication will be sent from our pharmacy to the camp.

We strongly encourage any liquid medications to be exchanged for oral disintegrating tablets (ODT) or chewables, this will help ensure proper administration of the medication. Liquid medication can easily spill and is difficult to safely carry while in outdoor excursions.

PLEASE NOTE THE FOLLOWING PRESCRIPTION GUIDELINES

1. Please include physician LIC number, NPI number and DEA number on all prescriptions.
1. **ALL NON-CONTROLLED PRESCRIPTIONS:** Please write all prescriptions for all medications including OTC's, vitamins and supplements on a 30-day supply basis with enough refills to cover the entire camp stay. Please note on all prescriptions: **"FOR SUMMER CAMP"**.
2. **CONTROLLED SUBSTANCE (SCHEDULE II-):** Please e-script one prescription for each 30-day supply sequentially. Do not postdate the prescription. The body of the prescription must provide written acknowledgement that indicates the earliest date that the pharmacy may fill, and must meet DEA controlled requirements. The DO NOT FILL date needs to be 2 weeks prior to camp start date. Do not use the camp start date.

Example:

Camp start date is 6/19/2021

DO NOT FILL date 6/5/2021

Schedule II controlled substances **MUST BE** e-prescribed, or written on an original prescription pad and mailed to Perris Hills Pharmacy. **DO NOT FAX.** Please note on all prescriptions: **"FOR SUMMER CAMP"**.

3. Controlled Substance (Schedule III-V): Please e-script one prescription for each 30- day supply that is needed, with enough refills to cover the entire camp stay. Please note on all prescriptions: **"FOR SUMMER CAMP"**.

YOU MAY SUBMIT THE PRESCRIPTIONS FOR YOUR PATIENT USING ONE OF THE FOLLOWING METHODS:

- E-PRESCRIBING

Pharmacy Identifier
Perris Hills Pharmacy
NABP - NCPDP: 0595768
NPI: 1942221650

- MAIL

Mailing Address
Perris Hills Pharmacy
524 W 4th Street, Suite A
Perris, CA 92570

- FAX

Fax Number
1 (844) 856-8900

- VERBAL

Phone Number
(951) 407-0707

Thank you for your help in making this a smooth and fun camp season for your patient!

Please call us with any questions you might have at (951) 407-0707 or email us at Camp@PerrisHillsPharmacy.com



Phone: 1 (951) 407-0707 Fax: 1 (844) 856-8900
524 W 4th Street, Suite A • Perris, CA 92570
Camp@PerrisHillsPharmacy.com
PerrisHillsPharmacy.com

