

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 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.
2. Controlled Substance (Schedule III-V): Please write one prescription for each 30-day supply that is needed, with enough refills to cover the entire camp stay. The DEA requires all controlled prescriptions to be dated and signed on the date issued, and must meet DEA controlled prescription pad requirements.
3. Controlled Substance (Schedule II): Please provide 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 prescription pad requirements.

“For example: a prescription dated 05 / 15 / 2019 for "drug x" should say "Do not fill before 06 / 15 / 2019." **Do not fill before date** should be 2 weeks prior to session start date.

4. Please include physician LIC number, NPI number and DEA number on all prescriptions.
5. 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
1 (951) 407-0707

IMPORTANT

Schedule II controlled substances **MUST BE** e-prescribed, or written on an original prescription pad and mailed to Perris Hills Pharmacy. **PLEASE DO NOT FAX.**

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 1 (951) 407-0707 or email us at Camp@PerrisHillsPharmacy.com

Sincerely
My Kids Camp Meds
A Perris Hills Pharmacy Team



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