



7039 Valjean Ave.  
 Van Nuys, CA 91406  
 818-390-9696 Phone 818-390-9697 Fax

**REQUEST FOR BRAND NAME DRUG BY PATIENT OR PRESCRIBER**

**Note to prescribing physician:** It is important that physicians prescribe generic drugs whenever possible. Most FDA approved generics are bioequivalent and therapeutically equivalent to the brand name drug. This request form is only to be used if your patient has experienced an adverse medical reaction to the generic drug or if you can document that your patient has had better medical results when taking the brand name drug, as opposed to its generic.

<p style="text-align: center;"><b><u>PATIENT INFORMATION</u></b></p> <p>Name: _____</p> <p>Date of Birth: _____</p> <p>Address: _____</p> <p>_____</p> <p>Phone #: _____</p> <p>Signature: _____</p>	<p style="text-align: center;"><b><u>PRESCRIBING PHYSICIAN</u></b></p> <p>Name: _____</p> <p>Address: _____</p> <p>_____</p> <p>Phone #: _____</p> <p>NPI/DEA/License #: _____</p> <p>Signature: _____</p>
<p style="text-align: center;"><b><u>REQUESTED BRAND PRODUCT</u></b></p> <p>Name: _____</p> <p>Strength: _____</p> <p>Dose, frequency, &amp; route for use: _____</p> <p>_____</p> <p>Therapy dates or duration: _____</p> <p>_____</p>	<p style="text-align: center;"><b><u>GENERIC PRODUCT</u></b></p> <p>Name: _____</p> <p>Strength: _____</p> <p>Dose, frequency, &amp; route for use: _____</p> <p>_____</p> <p>Diagnosis: _____</p> <p>Dates of tried/failed: _____</p>
<p style="text-align: center;"><b><u>BENEFITS OR BRAND PRODUCT</u></b></p>	<p style="text-align: center;"><b><u>ADVERSE EVENT</u></b></p>



7039 Valjean Ave.  
Van Nuys, CA 91406  
818-390-9696 Phone 818-390-9697 Fax

Describe how brand name will alleviate problem:  _____	Describe event or problem with generic:  _____
<b>(ATTACH ADDITIONAL INFORMATION, IF NEEDED)</b>	<b>(ATTACH ADDITIONAL INFORMATION, IF NEEDED)</b>

By signing this form, I am attesting to have requested the pharmacy to bill and dispense the **BRAND NAME** drug for the medication prescribed and detailed above.

Printed Name: \_\_\_\_\_

Relation: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_