

Healthcare providers can use this form to send prescriptions directly to Mark Cuban Cost Plus Drug Company.

IMPORTANT: Prescriptions can only be accepted if they include the email address associated with the patient's user account.

Save time by sending electronically eRX!
SEARCH for "Mark Cuban Cost Plus Drug Company"

Prefer to call in the script?
Call us at: **1-833-926-3384**

Fax us this form
Fax us at: **1-650-683-9775**

Patient information

This fax is void unless received directly from physician's office

Email Address <small>Required</small>		<i>For existing patients, this email must match the email address on file with Cost Plus Drug Co.</i>			
Last Name		First Name		MI	
Delivery Address				Apt., Ste. #	
City	State	ZIP Code	Phone Number <small>(with area code)</small>		
Date of Birth <small>(mm/dd/yyyy)</small>		Sex (assigned at birth)			
MM / DD / YYYY		<input type="radio"/> Female <input type="radio"/> Male			

Prescription information

*NOTE: We DO NOT carry all medications.
Full formulary available at <https://costplusdrugs.com/medications/>*

Medication	Strength <small>mg, ml, etc.</small>	Quantity	Refills
Directions <small>Required</small>			
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Generic substitution is permitted unless prescriber includes "DAW" or "dispense as written." *Please use a separate sheet for additional prescriptions*

Prescriber information

Prescribing Physician Name		Supervising Physician's Name <small>(if applicable)</small>			
Physician Phone Number <small>(with area code)</small>		Physician Fax Number <small>(with area code)</small>			
Physician Street Address				Unit #	
City	State	ZIP	NPI#	DEA#	
Prescribing Date <small>(mm/dd/yyyy)</small>					
MM / DD / YYYY					

Physician Signature