



2026 Babcock Road, Suite # 104 • San Antonio- 78229, TX • Ph : 210.467.5174 • Fax: 210.467.5184
www.AssureRxPharmacy.com

Faxed prescriptions will only be accepted from a prescribing practitioner.
Patients must bring an original prescription to the pharmacy.

Hours: Monday-Friday 9:00am-6:00PM

Patient Information

Date _____

Patient Name: _____ DOB: _____

Address: _____ Drug Allergies: _____

Quantity _____



100ml / 5mg 200ml / 5mg

Suprax O/S 100 mg/5ml _____ml x _____days

Suprax O/S 200 mg/5ml _____ml x _____days

Suprax Chewable 100 mg tablet _____tab/day x _____days

Suprax Chewable 200 mg tablet _____tab/day x _____days

Additional Prescription Information

Additional Refills: _____

Comments: _____

Prescriber Signature: _____ Prescriber Name: _____

Phone: _____ Fax#: _____ NPI# _____

Confidential Information Enclosed: The information enclosed herein is intended for the use of the person or email to which it is intended for the use of the person or entity to which it is addressed and may contain information that is privileged and confidential. The disclosure of which is governed by applicable law. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination or copying of this information is **STRICTLY PROHIBITED**. If you have received this information by mistake, please notify sender immediately and return the enclosed information.

FREE DELIVERY AND SHIPPING