



Ambrosia Healthcare, Inc.

C-II 11159.2 Exemption Prescription Request

(California Only)

Prescriber: _____ **Date:** _____

Fax #: _____ **Phone #:** _____

Please complete an "11159.2 exemption" C-II prescription on **your** prescription blank with the information below as soon as possible.

Please fax a copy of **your** completed "11159.2 exemption" C-II prescription to (888)505-3006 **AND** mail the original to:
 Ambrosia Healthcare, 75-060 Gerald Ford Drive, Suite 2, Palm Desert, Ca 92211
 Attention: Manish Patel
 If you have any questions, please call (760)691-2000

Please notify me as soon as the "11159.2 exemption" C-II prescription is complete. An Ambrosia delivery representative will make arrangements with your office to pick up the prescription.
 If you have any questions, please call (760)691-2000

Patient Name: _____ Date: _____
 Patient Address: _____
 Drug Name: _____
 Drug Strength: _____ Drug Volume/Size: _____ Quantity: _____
 Instructions: _____

Prescriber Signature: _____ DEA #: _____
 Printed Name: _____ NPI #: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Telephone: _____

Exemption 11159.2

Rx

