

# UBRELVY Prescription Form



## Healthcare Provider Information

Name and Designation

Address

City

State

Zip

Phone Number

State License Number and State

NPI Number

## Patient Information

Name

Date of Birth

Address

City

State

Zip

Phone Number

**50 mg Tablets**  
**Sig:** Take as needed  
Dispense 16 tablets  
#11 Refills

**100 mg Tablets**  
**Sig:** Take as needed  
Dispense 16 tablets  
#11 Refills

Signature

Date

Print



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