

## CampScripts.com Instructions for Doctors

**Camper Name** \_\_\_\_\_ **M / F** **DOB** \_\_\_\_\_  
**AGE** \_\_\_\_

**Session Start Date** \_\_\_\_\_

The CampScripts.com Camp ID for Camp (Camp Merry Heart) is: CMH

Dear Healthcare Provider,

Your patient is attending a camp that employs a Medication Therapy Management System. All medication in pill form will be dispensed in dose packaging (unit or multi-dose, depending on state law). The packages are labeled with name, date, dose, administration time, etc. The pre-packaged medication will be sent directly from our pharmacy department to the camp.

Please note the following prescription guidelines:

1. Please write a prescription for all medications **including OTCs, vitamins, and supplements**, a 30-day supply with enough refills to cover the entire camp stay.
2. Controlled Substance (Schedule III-IV): Please write one prescription for each 30-day supply that is needed, with enough refills to cover the entire camp stay. The DEA requires all prescriptions to be dated and signed on the date issued.

Pharmacy Identifier	<b>LTC Scripts</b> NABP 3151026 NPI 1922477504
MAIL Mailing Address	62 E. Mill Road, Ste. B1 Long Valley, NJ 07853
FAX Fax Number	888-887-1815 Faxed prescriptions <b>MUST</b> come from healthcare provider's office. They may <b>NOT</b> be faxed by the parent/ guardian.
VERBAL Phone Number	844-572-7478

3. Controlled Substance (Schedule II): Please provide one prescription for each 30-day supply sequentially. Do not postdate the prescription. The body of the prescription must provide written acknowledgment that indicates the earliest date that the pharmacy may fill.

For example: a prescription dated for 05/15/2018 for drug X should say “Do Not Fill Before 06/15/2018”. (**“Do Not Fill Before” date should be 2 weeks prior to session start date**)

4. Please include NPI number and DEA number on all prescriptions.

5. You may submit the prescriptions for your patient using one of the following methods:

#### E-PRESCRIBING

Thank you for your help in making this a smooth and fun camp season for your patient!  
Please call us with any questions at (844) 572-7478 or email us at [info@campscripts.com](mailto:info@campscripts.com)

#### **IMPORTANT**

**Schedule II controlled substances MUST be e-prescribed or written on an original prescription blank and mailed to the pharmacy (e.g. Adderall, Concerta, Ritalin, Vyvanse). They may NOT be faxed.**

Thank you for your help in making this a smooth and fun camp season for your patient!  
Please call the pharmacy with any questions, 844) 572-7478.