

# CampScripts.com Instructions for Doctors

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

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

The CampScripts.com Camp ID for Camp Huckins is HUCKINS

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.
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

Pharmacy Identifier

**LTC Scripts**  
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 **MUST**  
come from healthcare  
provider's  
office. They may  
**NOT** be faxed by the parent/  
guardian.

VERBAL  
Phone Number

844-572-7478

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. Addreall, 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.