

Prescription Fax Form

Patient: Please fill out step 1 and bring this form to your doctor. This prescription request is only authorized when faxed from the physician's office. Please copy this form for your other medication(s).

Physician: Please fully complete steps 2 to 5 below to help ensure timely processing of your patient's prescription.

Questions? Call Customer Service at 1 888 327-9791.

34202



Step 1. Please complete missing information below.

Member #

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 3 | 6 | 6 | 1 | 4 | 7 | 1 | 3 | 1 | 4 | 3 | 8 |
|---|---|---|---|---|---|---|---|---|---|---|---|

Member Name(card holder):
(First) (Last)

Shipping Address:

City: State: Zip Code:

Step 2. Complete Patient Information:

Patient DOB:.....

Please check all that apply:

- Allergies:
- None Sulfa Penicillin
 Aspirin Codeine Iodine

- Medical Conditions:
- Heart Attack/Angina Heart Failure
 Asthma High B.P.
 Ulcer Glaucoma

Other

Step 4. Prescriber Information:

Prescriber Fax No.

Print Prescriber's Name

Step 5. Sign and Fax Back to:

1 800-837-0959

Step 3. Please Write or Attach Prescription Below.

Prescription watermark security forms will obscure legibility when faxed.

Prescriber's Name
And
Address Required

Patient Name:

Address:

Rx

Issue Date:/...../.....

Refills:

.....
Substitution Permissible - Prescriber Signature
(We cannot accept Signature Stamps)

.....
Dispense as Written - Prescriber Signature
(We cannot accept Signature Stamps)

Please do not fax with a cover sheet. We do not accept CII prescriptions via fax. Fax forms will only be accepted if faxed directly from a prescriber's office. Most patients can receive a 90-day supply plus refills up to 1 year where appropriate.

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