

Prescription Fax Form

Patient: Please bring this form to your doctor. This prescription request is only authorized when faxed from the physician's office.

Physician: Please fully complete steps 1 to 4 below to help ensure timely processing of your patient's prescription.
The confirmation that you receive on your fax machine should serve as your receipt that we have received your fax.

Questions? Call us at 1 888 327-9791.

34301 

Step 1 Fill in the Subscriber information below.

Prescription Drug
Card Member #:

Subscriber Information (cardholder):

Name: (First) _____ (Last) _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____ **Phone:** _____

Step 2

Confirm your office's secure fax #.
Check the box to indicate a change,
and write in the correct #.

New fax #: _____

Step 3

Complete for new patients or for
patients with changes in health.
Please check all that apply:

Allergies:

None Sulfa Penicillin
 Aspirin Codeine Iodine

Medical Conditions:

Heart Asthma High B.P.
 Ulcer Glaucoma

Other _____

Step 4

Please tape the prescription from your prescription pad here.
(Most patients can receive up to a 90-day supply and 4 refills.)

Fax the completed form to: 1 800 837-0959

TAPE PRESCRIPTION HERE

Please confirm you have included:

On the form:

- Subscriber's Drug Card Number

On the prescription:

- Patient's Full Name
- Patient's Date of Birth
- Date Prescription Written
- Your Signature

Please remember...

- We do not accept Schedule II (Ⓒ) prescriptions via fax
- Prescriptions for other scheduled controlled substances will only be accepted where allowed by state regulations

