

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 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**

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STEP 1: Fill in the **Subscriber** information below.

**Prescription Drug
Card Member #:**

Subscriber Information (card holder):

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 (C) prescriptions via fax
- Prescriptions for other scheduled controlled substances will only be accepted where allowed by state regulations

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