



Rx FAX to:

Rx Phone:**Provider Representative****Phone****Date Needed**

Ship to

☐ Specialty Care Center☐ Patient's Home☐ Prescriber's Office☐ Other

Patient Name: _____

DOB: _____

☐ Male ☐ Female

Address: _____

City: _____ State: _____ Zip Code: _____

Phone # (Daytime):_____ Phone # (Evening):_____

E-mail Address: _____

Insurance Provider (**Please include copy of front and back of card**): _____

ID #: _____ Policy/Group #: _____ Phone #: _____

Name of Insured: _____ Employer: _____

Relationship to Patient: ☐ Self ☐ Other: _____ ☐ Patient is Eligible for Medicare

Prescription Card: ☐ Yes ☐ No Carrier: Policy/Group #:

☐ Patient is New to Therapy
☐ Patient is Restarting Therapy
☐ Patient is Currently on Therapy
 (Start Date:)

Primary ICD-9 Code and Condition:

Allergies:

Current Weight: _____ (kg / lbs) Current Height: _____ (cm / in)

[illegible]

Prescriber's Name: _____

Practice/Facility Name: _____

Address: _____ Contact: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Fax: _____ Best Time to Call: _____

State License #: _____ DEA #: _____ NPI#: _____ Medicaid UPIN #: _____

In order for a brand name product to be dispensed, the prescriber must handwrite “**Brand Necessary**” or “**Brand Medically Necessary**,” or your state specific required language to prohibit substitution:

I certify that the above therapy is medically necessary and that the information above is accurate to the best of my knowledge.

Prescriber's Signature Required: _____ Date: _____

CONFIDENTIAL HEALTH INFORMATION: Healthcare information is personal information related to a person's healthcare. It is being faxed to you after appropriate authorization or under circumstances that don't require authorization. You are obligated to maintain it in a safe, secure and confidential manner. Re-disclosure of this information is prohibited unless permitted by law or appropriate customer/patient authorization is obtained. Unauthorized re-disclosure or failure to maintain confidentiality could subject you to penalties described in federal and state laws.

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