

New prescription fax form

34191



medco® Pharmacy



- Not for CII prescriptions
- 90-day supply and 4 refills, when appropriate

Have questions? Please call us at 1 888 327-9791

STEP 1 Complete all information below.

Prescriber Information

Prescriber Name: _____

DEA #: _____
(Only for CIII-CV prescriptions)

NPI #: _____

Fax #: _____ Telephone #: _____ - _____ - _____

Member Information

Prescription drug

card holder #: _____
(Include all characters. Leave box blank for spaces.)

Card holder name: _____

Fill in or attach prescription below

Prescriber Name
Address
City, State, Zip

Write or Stamp Here

Patient Name: _____

Drug: _____

Strength: _____

Quantity: _____

Directions: _____

Refills: _____

When applicable PRINT Supervising Physician name here ↑

Sign and date here ↑

(Stamps are not accepted. Signature required.)

In order for a brand name product to be dispensed, the prescriber must handwrite "brand necessary" or "brand medically necessary" in the space below.

Patient information

Date of birth:
Telephone #:
Ship to address:

To update drug allergies or medical conditions please call:
1 877 222-2143.
Monday through Friday
8:30 AM to 8 PM EST.

STEP 2 Indicate the number of medications on this fax.

□

STEP 3 Sign this prescription and fax to

1 800 837-0959

- Fax from the prescriber's secure fax line.
- Do not fax with a cover sheet.
- Incomplete forms will cause a delay in processing.



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The provision of the information requested in this form is for your patient's benefit. Medco does not compensate for completing this form.