

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.**

34302



PRG1581-4



Step 1. Please complete the required information below.

Member Name (Cardholder): _____
(First) (Last)

Shipping Address: _____
City State Zip Code

Step 2. 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 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:

Issue Date: ____/____/____

Rx

Refills:

.....
SUBSTITUTION PERMISSIBLE - Prescriber Signature
 (We cannot accept Signature Stamps)

.....
DISPENSE AS WRITTEN - Prescriber Signature
 (We cannot accept Signature Stamps)

Step 4. Prescriber Information:

Prescriber Fax No.

Print Prescriber's Name

NPI

Step 5. Sign and Fax Back to:

1 800 837-0959

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.

Confidentiality Notice: This telecopy transmission contains confidential information belonging to the sender that is legally privileged. This information is intended only for the use of the individual or entity named above. The authorized recipient of this information is prohibited from disclosing this information to any other party. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or action taken in reliance on the contents of this document is strictly prohibited. If you have received this telecopy in error, please notify the sender immediately to arrange for the return of this document.

Medco facsimile machines are secure and in compliance with HIPAA privacy standards.

Medco Pharmacy
fax order form

- Take this form to your doctor.
- Ask for a go-day supply for your next refill and your doctor will fax it to us.
- OR call us directly at 1 800 MEDCO-MAIL (1 800 633-2662) and we'll do all the work!