



Fax 1-800-491-7997

5510

- Physician**, please provide:
- Complete member information
 - Complete prescription information
 - 90 day supply is preferred

Customer service phone number: **1-800-562-6223**
 Physician's line: **1-800-791-7658**

Note: Schedule II medications cannot be faxed

1. Member information					
Last name		First name		MI	Gender OM OF
Date of birth (mm/dd/yyyy)		Insurance ID number		Phone number with area code	
Delivery address					Apt. #
City		State	ZIP	Alternate phone number with area code	
Drug allergies		Health conditions		Heart condition	
<input type="checkbox"/> Cephalosporins <input type="checkbox"/> Penicillin <input type="checkbox"/> Sulfa <input type="checkbox"/> Codeine <input type="checkbox"/> None known		<input type="checkbox"/> Quinolone <input type="checkbox"/> Erythromycin <input type="checkbox"/> Tetracycline <input type="checkbox"/> Ampicillin <input type="checkbox"/> Aspirin		<input type="checkbox"/> Asthma <input type="checkbox"/> Cancer <input type="checkbox"/> High blood pressure <input type="checkbox"/> Thyroid disease <input type="checkbox"/> Others <input type="checkbox"/> Others	
2. Physician and prescription information – physician to complete this section					
Medication (Strength, dosage form and formulation)			Medication (Strength, dosage form and formulation)		
Directions			Directions		
Quantity Refills: <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> Other _____			Quantity Refills: <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> Other _____		
Dispense as written: <input type="checkbox"/> Yes:			Dispense as written: <input type="checkbox"/> Yes:		
Physician's name			NPI	DEA	
Street					
City			State	ZIP	
Phone			Date		
Signature				Date	

Sign and fax back to: 1-800-491-7997

[alt fax: 1-760-476-0406]

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