EXPRESS SCRIPTS® | The Medco Pharmacy® is now a part of the Express Scripts family of pharmacies.

New Prescription

YOUR PATIENT WOULD LIKE TO RECEIVE THEIR PRESCRIPTION MEDICATION BY MAIL.

34202

Please complete ALL information below.

STEP 1 Prescriber Information

Questions? Call 888.327.9791

Note to Prescriber	

Prescriber Name _____

DEA _____
Required for CIII-CV medications

Secure fax number _____

NPI _____

STEP 2 Member Information

Member No.

(Include all characters.Leave box blank for spaces)

Member Name(card holder): _____

STEP 3 Patient Information

Patient Name	
DOB	**Tel**
Ship to address	

Allergies

- ❑ None
- ❑ Sulfa
- ❑ Penicillin
- ❑ Aspirin
- ❑ Codeine
- ❑ Iodine

Other _____

Medical Conditions

- ❑ Heart Failure
- ❑ Hypertension
- ❑ Heart Attack/Angina
- ❑ Asthma
- ❑ Glaucoma
- ❑ Ulcer

Other _____

STEP 5 Return Fax

NO COVER SHEET REQUIRED

Fax this page ONLY to

800.837.0959

- We cannot accept CII prescriptions via fax.
- Fax forms wil only be accepted when sent from a prescriber's office.
- The printed fax confirmation is proof of receipt.

Most patients can receive a 90-day supply plus refills up to 1 year (as appropriate).

STEP 4 Prescription Information

Please complete or attach prescription below

Prescriber Name
Address
City, State, Zip
Telephone

Patient Name _____

DOB _____ **Issue Date** _____

℞

Refills _____

_____ **Prescriber Signature**
Substitution Permissible

_____ **Prescriber Signature**
Dispense as Written

(We cannot accept Signature Stamps)

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