

# New prescription fax form

medco<sup>®</sup> Pharmacy

34191



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

## STEP 1 Complete all information below.

### Prescriber Information

Prescriber Name: \_\_\_\_\_

Fax #: \_\_\_\_\_

DEA #: \_\_\_\_\_  
(Only for CIII-CV prescriptions)

NPI #: \_\_\_\_\_

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:

Have questions? Please call us at:

**1 888 327-9791**

For reporting allergies or medical conditions – press option 5 (Monday-Friday 8:30am to 8:00pm 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.