

DATE: \_\_\_\_\_ NEEDS BY DATE: \_\_\_\_\_ SHIP TO:  PATIENT  OFFICE - FIRST DOSE  OFFICE - ALL DOSES  OTHER \_\_\_\_\_

PATIENT INFORMATION		
Patient Name		
Address		
City	State	Zip
Main Phone	Alternative Phone	<input type="checkbox"/> Male <input type="checkbox"/> Female
Social Security #		Date of Birth

PRESCRIBER INFORMATION		
Prescriber Name		
Prescriber Type	<input type="checkbox"/> Physician (MD or DO)	<input type="checkbox"/> Nurse Practitioner <input type="checkbox"/> Physician's Assistant
Supervising Physician (If prescriber is a NP or PA)		
DEA #	NPI #	Tax ID #
Address		
City	State	Zip
Phone	Fax	
Contact Person		

**INSURANCE: PLEASE FAX BOTH SIDES OF PRESCRIPTION CARD AND MEDICAL CARD**

PRESCRIPTION INFORMATION				
MEDICATION	DOSE/STRENGTH	DIRECTIONS	QUANTITY	REFILLS
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				

CLINICAL INFORMATION	
Diagnosis:	Code: _____ Description: _____ Code: _____ Description: _____
	Code: _____ Description: _____ Code: _____ Description: _____
Prior Failed Meds:	Name: _____ Length of Treatment: _____ Reason for Discontinuing: _____
	Name: _____ Length of Treatment: _____ Reason for Discontinuing: _____
	Name: _____ Length of Treatment: _____ Reason for Discontinuing: _____
	Name: _____ Length of Treatment: _____ Reason for Discontinuing: _____
Weight: _____	Height: _____ Allergies: _____
Additional Information:	

Dispense As Written (no stamps) \_\_\_\_\_ Date \_\_\_\_\_ Substitution Permitted (no stamps) \_\_\_\_\_ Date \_\_\_\_\_

1. In order for a brand name product to be dispensed, the prescriber must write "Brand Necessary" or "Brand Medically Necessary" or any required state-specific language.  
 2. By signing this form, you are authorizing the pharmacy and its representatives to act on your behalf to obtain prior authorizations for the prescribed medication(s). We will also pursue available copay and financial assistance on behalf of your patients when available.  
 3. The pharmacy can only accept faxed prescriptions directly from a prescriber's office.  
 4. Prescribers must comply with any of their state-specific prescription requirements.