

Patient: Please fill out steps 2 and 3, then take 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 medications.

Physician: Please fully complete steps 1, 4 and 5 below to help ensure timely processing of your patient's prescription.

Questions? Call 1 888 327-9791

34302 

 PRG1652-3

Please complete ALL information below. Incomplete forms cannot be processed. Please print clearly.

STEP 1 ▶ Prescriber Information

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.)

Group/Subgroup: _____

Member Name (cardholder) _____

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
1 800 837-0959

- ▶ Medco cannot accept CII prescriptions via fax.
- ▶ Fax forms will 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 for up to 1 year, when appropriate.

STEP 4 ▶ Prescription Information

Please complete or attach prescription below.

Prescriber Name	_____
Address	_____
City, State, Zip	_____
Telephone	_____
Patient Name	_____
DOB	_____
Issue Date	_____
Quantity:	_____
Refills:	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Directions:	_____
_____ Prescriber Signature	
Substitution Permissible	
_____ Prescriber Signature	
Dispense as Written (We cannot accept signature stamps.)	



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