

PATIENT REFERRAL/MEDICATION REQUEST FORM

(electronically transmitted prescription)

Prescriber: _____ DEA# _____

Address: _____

City: _____ State: _____ Zip: _____

() _____ - _____ (ph) () _____ - _____ (fax) Date: _____

REQUIRED! Date Need by: _____ Deliver to: Patient MD Office Other: _____

PATIENT INFO. Please complete or attach copy of patient's insurance card (both sides) or profile information

Patient Name _____ Home Phone _____
Address _____ Daytime Phone _____
City _____ State _____ Zip _____ DOB _____ SSN _____

INSURANCE INFO. Attach copy of patient's insurance card (both sides), insurance info. from medical record or complete.

Primary Insurance _____ Secondary Insurance _____
Name of Insured _____ Name of Insured _____
Policy/Drug Card # _____ Policy/Drug Card # _____
Group # _____ Group # _____
Phone # _____ Phone # _____

MEDICATION INFO.

Weight _____ Allergies _____

PRESCRIPTIONS

Prescription #1

_____ quantity _____ refills
Drug and Strength directions for use

Prescription #2

_____ quantity _____ refills
Drug and Strength directions for use

Prescription #3

_____ quantity _____ refills
Drug and Strength directions for use

Prescription #4

_____ quantity _____ refills
Drug and Strength directions for use

Prescription #5

_____ quantity _____ refills
Drug and Strength directions for use

Prescription #6

_____ quantity _____ refills
Drug and Strength directions for use

Prescription #7

_____ quantity _____ refills
Drug and Strength directions for use

Prescription #8

_____ quantity _____ refills
Drug and Strength directions for use

Prescriber Signature _____

Interchange is mandated unless the practitioner writes the words "no substitution" in the above space

FAX COVER SHEET



315 Pleasant Street
Building 1, 6th floor
Fall River, MA 02721
800-218-5688 (phone)

800-830-5292 (fax)

ATTENTION: Please remember to include the Need by Date and delivery location to help us deliver your patient's order on time.

Date: _____

Senders Name: _____

Direct Phone #: _____

My fax # is: _____

We are transmitting a total of _____ pages, including this cover page.

Additional Notes: