

Your patient would like to receive their prescription medication from Medco. Please complete the form below and fax to 1 800 837-0959. If you have any questions, please call us at 1 888 EASYRX1. Thank you.

34191 

NEWRx 

Note to Prescriber:

Step 1. Please complete information below.

Member #

Member Name (card holder): (First) (Last)

Shipping Address: City State Zip Code

Step 2. Complete Patient Information:

Patient DOB:

Please check all that apply:

- Allergies:**
- None Sulfa Penicillin
 Aspirin Codeine Iodine
- Medical Conditions:**
- Heart Attack/Angina Heart Failure
 Asthma High B.P.
 Ulcer Glaucoma

Other

Step 3. Please Write or Attach Prescription Below.

Prescription watermark security forms will obscure legibility when faxed.

Prescriber's Name And Address Required

Patient Name:

Address:

Issue Date:/...../.....

Rx

Refills:

Step 4. Prescriber Information:

Prescriber Fax No.

Print Prescriber's Name

Step 5. Sign and Fax Back to:

1 800-837-0959

.....
Substitution Permissible - Prescriber Signature
(We cannot accept Signature Stamps)

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Dispense as Written - Prescriber Signature
(We cannot accept Signature Stamps)

Please do not fax with a cover sheet. We do not accept CII prescriptions via fax. Fax forms will only be accepted if faxed directly from a prescriber's office. Most patients can receive a 90-day supply plus refills up to 1 year where appropriate.

 