

New Prescription Fax Form

medco® Pharmacy

86005



Patient: _____



- Not for CII prescriptions
- 90-day supply, when appropriate

Have questions? Please call us at 1 888 327-9791

STEP 1 Verify and update information below.

Prescriber Name: _____ Member No.: _____
Fax number: _____ Member Name: _____
DEA No.: _____ (Only for CIII-CV prescriptions) NPI No.: _____
Patient Name: _____ Ship To Address: _____
DOB: _____
Phone: _____ City, ST Zip: _____

Allergies

☐ None

Medical Conditions

☐ None

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.

Fill in or attach prescription below

Prescriber Name: _____
Address: _____

_____, _____

Patient Name: _____

Drug: _____

Strength: _____

Quantity: _____

Directions: _____

Refills: _____

When applicable PRINT Supervising Physician name here ↑

_____/_____/_____
Sign and date here ↑ when Substitution Permissible

_____/_____/_____
Sign and date here ↑ to Dispense as Written

(Stamps are not accepted. Signature required.)

TC:



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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.