

# New Prescription Fax Form

86115



*medco*® Pharmacy



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

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

## STEP 1 Complete all information below.

### Prescriber Information

Prescriber Name: \_\_\_\_\_

DEA No.: \_\_\_\_\_  
(Only for CIII-CV prescriptions)

Fax number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

NPI No.: \_\_\_\_\_

### Member Information

Prescription Drug  
Card Member No.: \_\_\_\_\_  
(Include all characters. Leave box blank for spaces.)

Member Name: \_\_\_\_\_  
(Card Holder)

### Patient Information

Patient Name	
DOB	Tel.
Ship to address	

### Allergies:

- None     Sulfa     Penicillin  
 Aspirin     Codeine     NSAIDS

Other \_\_\_\_\_

### Medical

Conditions: \_\_\_\_\_

None \_\_\_\_\_

## STEP 2 Indicate the number of medications on this fax.

**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  
City, State, Zip

Write or Stamp Here

Patient Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Drug: \_\_\_\_\_

Strength: \_\_\_\_\_

Quantity: \_\_\_\_\_

Directions: \_\_\_\_\_

Refills: \_\_\_\_\_

When applicable PRINT Supervising Physician name here ↑

Sign and date here ↑

(Stamps are not accepted. Signature required.)

In order for a brand name product to be dispensed, the prescriber must handwrite "**brand necessary**" or "**brand medically necessary**" in the space below.



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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.