

TO: PharmaCare Specialty Pharmacy Fax #: 800-447-3694 Phone#: 800-990-9247 Date Medication is Needed By: _____

Today's Date: _____

PATIENT INFORMATION

At a minimum, ALL BOLD Fields must be filled out

PROVIDER INFORMATION

Name(last, first, middle initial): _____ **SS#:** _____

Home Phone: (____) _____ **Work/Alt. Phone:** (____) _____ **Sex:** Male Female

Home Address: _____ **Date of Birth:** _____
Can not be a PO Box if shipping to Patient's Home.

City: _____ **State:** _____ **Zip:** _____

Diagnosis: _____ **ICD-9 Code:** _____ **WT:** _____ **HT:** _____

Allergies: No Yes: _____ **Address of Policy Holder(If different):** _____

INSURANCE INFORMATION:

PRIMARY **Insurance:** _____ **City:** _____ **State:** _____
Phone: (____) _____ **Name of Insured:** _____

ID#: _____ **Group#:** _____ **Type:** _____ **Employer:** _____
PPO, HMO, other(Please List)

Medical Claims Address: _____

SECONDARY **Insurance:** _____ **City:** _____ **State:** _____
Phone: (____) _____ **Name of Insured:** _____

ID#: _____ **Group#:** _____ **Type:** _____ **Employer:** _____
PPO, HMO, other(Please List)

Medical Claims Address: _____

Physician's Name: _____

Hospital/Clinic: _____

Phone: (____) _____

Fax: (____) _____

Office Contact: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Physician Signature: _____

State License #: _____

UPIN #: _____

DEA # : _____

Medicaid #: _____

Date patient needs medications: ____/____/____

Ship to: Patient
 Doctor's Office Attention: _____

PRESCRIPTION INFORMATION

MEDICATION	STRENGTH	DOSE/FREQUENCY	QUANTITY	REFILLS

'DISPENSE AS WRITTEN' / BRAND MEDICALLY NECESSARY / DO NOT SUBSTITUTE / NO SUBSTITUTION/DAW

DR.

'MAY SUBSTITUTE' / PRODUCT SELECTION PERMITTED / SUBSTITUTION PERMISSIBLE / INTERCHANGE

DR.



Important Note: This form is intended to be delivered only to the named addressee and may contain material that is confidential, privileged, proprietary or exempt for disclosure under applicable law. If it is received by anyone other than the named addressee, the recipient should immediately notify the sender at the address and telephone number set forth herein and obtain instructions as to disposal of the transmitted material. In no event should such material be read or retained by anyone other than the named addressee, except by express authority of the sender to the named addressee.