

Today's Date: _____

PATIENT INFORMATION

At a minimum, ALL BOLD Fields must be filled out

HOSPITAL/CLINIC 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

<p>'DISPENSE AS WRITTEN' / BRAND MEDICALLY NECESSARY/ DO NOT SUBSTITUTE / NO SUBSTITUTION/DAW</p> <p>DR.</p>	<p>'MAY SUBSTITUTE' / PRODUCT SELECTION PERMITTED/ SUBSTITUTION PERMISSIBLE / INTERCHANGE</p> <p>DR.</p>
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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.