

PRESCRIPTION Fax Form: Special Care Pharmacy Medications Only

Physician: Please fully complete steps 1 to 4 below to help ensure timely processing of your patient's prescription.
Questions? Call the Special Care Pharmacy at 1 800 987-4904.

Form No. 34444

Fax to: 1 800 391-9707

Step 1 Please complete the **Member and/or Patient** information below.

Prescription Drug
Card Member # or
Insurance Card #

.....
.....

SCP

Member Name (card holder):

Patient Information:

(First)

(Last)

Name:

DOB:

(First)

(Last)

Address:

City: State Zip Code Phone #

Step 2

Print Prescriber's Name:

.....
Write in secure fax No. below.
.....

Step 3

Complete for new patients or for patients with changes in health.

Please check all that apply:

Allergies:

- None Sulfa Penicillin
 Aspirin Codeine Iodine

Medical Conditions:

- Heart Attack/Angina
 Heart Failure(weak heart)
 Asthma High B.P.
 Ulcer Glaucoma

ICD-9 &/or conditions:

Other

Step 4

To ensure continuation of your patient's therapy, please fax completed form to: **1 800 391-9707**

Please do not fax with cover sheet. For verification purposes, please fax directly from your office. Your fax machine receipt is confirmation that we have received your fax.



TAPE PRESCRIPTION HERE

Most patients can receive up to a 90-day supply, plus refills up to one year (as appropriate).

Please confirm you have included:

On the form:

- Prescription Drug Card Member # or Insurance Card #
- Prescriber's Last Name

On the prescription:

- Patient's full name
- Patient's date of birth
- Date prescription is written
- Your signature

Please remember ...

- We do not accept Schedule II (Ⓜ) prescriptions via fax
- **FAX FORMS WILL ONLY BE ACCEPTED IF FAXED DIRECTLY FROM A PRESCRIBER'S OFFICE. WE CANNOT ACCEPT PRESCRIPTIONS FAXED BY PATIENTS.**

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