EXPRESS SCRIPTS®

# New Prescription

## YOUR PATIENT WOULD LIKE TO RECEIVE THEIR PRESCRIPTION MEDICATION BY MAIL.

34202

Please complete ALL information below.

**STEP 1** Prescriber Information

Questions? Call 888.327.9791

| Note to Prescriber | |
|---|---|

**Prescriber Name** _____ **DEA** _____
*Required for CIII-CV medications*

**Secure fax number** _____ **NPI** _____

**STEP 2** Member Information

**Member No.** | | | | | | |

(Include all characters.Leave box blank for spaces )

**Member Name(card holder):** _____

**STEP 3** Patient Information

| Patient Name | |
|---|---|
| DOB | Tel |
| Ship to address | |
| | |
| | |

**Allergies**

☐ None ☐ Sulfa ☐ Penicillin
☐ Aspirin ☐ Codeine ☐ Iodine

Other _____

**Medical Conditions**

☐ Heart Failure ☐ Hypertension
☐ Heart Attack/Angina ☐ Asthma
☐ Glaucoma ☐ Ulcer

Other _____

**STEP 4** Prescription Information

Please complete or attach prescription below

**Prescriber Name**
**Address**
**City, State, Zip**
**Telephone**

**Patient Name** _____

**DOB** _____ **Issue Date** _____

℞

**Refills** _____

**Prescriber Signature**
**Substitution Permissible**

**Prescriber Signature**
**Dispense as Written**

**(We cannot accept Signature Stamps)**

**STEP 5** Return Fax

NO COVER SHEET REQUIRED

## Fax this page ONLY to

# 800.837.0959

- We cannot accept CII prescriptions via fax.
- Fax forms wil only be accepted when sent from a prescriber's office.
- The printed fax confirmation is proof of receipt.

**Most patients can receive a 90-day supply plus refills up to 1 year (as appropriate).**