

Medco Pharmacy

New Prescription Fax Form

Please return this completed prescription fax form to help your patient receive their prescription medication from Medco. Please write or attach a completed prescription below and fax this form to 1 800-837-0959. If you have any questions, please call us at 1 888-EASYRX1. Thank you.

34191



NEWRx

Note to Prescriber:

Step 1. Please complete required information below.

Member # _____

Member Name (card holder): _____
(First) (Last)

Shipping Address: _____
City State Zip Code

Step 2. Complete Patient Information:

Patient DOB: _____

Please check all that apply:

- Allergies:**
- None Sulfa Penicillin
 Aspirin Codeine Iodine
- Medical Conditions:**
- Heart Attack/Angina Heart Failure
 Asthma High B.P.
 Ulcer Glaucoma

Other _____

Please Write or Attach Prescription Below.

Prescription watermark security forms will obscure legibility when faxed.

Prescriber's Name And Address Required



Patient Name:

Address:

Issue Date: ____/____/____

Rx

Refills:

Step 3. Prescriber Information:

Prescriber Fax No. _____

Print Prescribers Name _____

Step 4. Sign and Fax Back to:

1 800-837-0959

Substitution Permissible - Prescriber Signature
(We cannot accept Signature Stamps)

Dispense as Written - Prescriber Signature
(We cannot accept Signature Stamps)

Please do not fax with a cover sheet. We do not accept CII prescriptions via fax. Fax forms will only be accepted if faxed directly from a prescriber's office. Most patients can receive a 90-day supply plus refills up to 1 year where appropriate.



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