



Universal Prescription/Pharmacy Intake Form

Rx Fax to: 877-231-8302 Rx Phone: 888-347-3416

Provider Representative | **Phone** | **Date Needed** | **Ship to** Specialty Care Center Patient's Home
 Prescriber's Office Other _____

PATIENT INFORMATION

Patient Name: _____ DOB: _____ Male Female
 Address: _____ City: _____ State: _____ Zip Code: _____
 Phone # (Daytime): _____ Phone # (Evening): _____ E-mail Address: _____
 Insurance Provider (Please include copy of front and back of card): _____
 ID #: _____ Policy/Group #: _____ Phone #: _____
 Name of Insured: _____ Employer: _____
 Relationship to Patient: Self Other: _____ Patient is Eligible for Medicare
 Prescription Card: Yes No Carrier: _____ Policy/Group #: _____

CLINICAL ASSESSMENT

Patient is New to Therapy Primary ICD-9 Code and Condition: _____ Allergies: _____
 Patient is Restarting Therapy _____
 Patient is Currently on Therapy Current Weight: _____ (kg/lbs) Current Height: _____ (cm/in)
 (Start Date: _____)

PRESCRIPTION INFORMATION

Medication	Form	Strength	Quantity	Directions/Frequency	Dose	Refills

PRESCRIBER INFORMATION

Prescriber's Name: _____ Practice/Facility Name: _____
 Address: _____ Office Contact: _____
 City: _____ State: _____ Zip Code: _____
 Phone #: _____ Fax #: _____ Best Time to Call: _____
 State License #: _____ DEA #: _____ NPI #: _____ Medicaid UPIN #: _____

In order for a brand name product to be dispensed, the prescriber must handwrite "**Brand Necessary**" or "**Brand Medically Necessary,**" or your state specific required language to prohibit substitution: _____

I certify that the above therapy is medically necessary and that the information above is accurate to the best of my knowledge.

Prescriber's Signature Required: _____ Date: _____

CONFIDENTIAL HEALTH INFORMATION: Healthcare information is personal information related to a person's healthcare. It is being faxed to you after appropriate authorization or under circumstances that don't require authorization. You are obligated to maintain it in a safe, secure and confidential manner. Re-disclosure of this information is prohibited unless permitted by law or appropriate customer/patient authorization is obtained. Unauthorized re-disclosure or failure to maintain confidentiality could subject you to penalties described in federal and state laws.

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Drug names are the property of their respective owners.